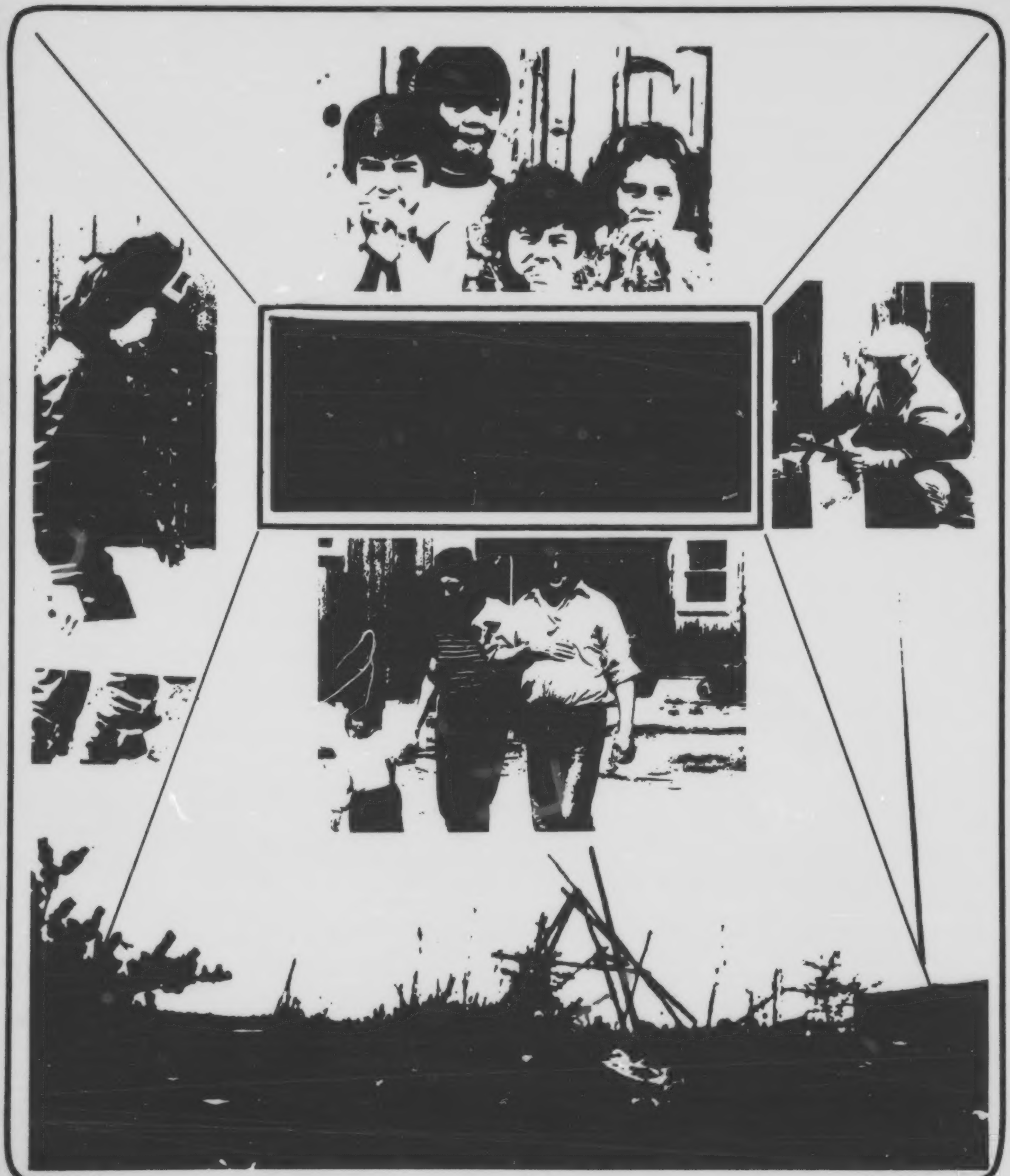

Conseil Cri de la santé et des services sociaux de la Baie James

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Cree Board of Health and Social Services of James Bay

Conseil Cri de la santé et des services sociaux de la Baie James
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Cree Board of Health and Social Services of James Bay

1987-88

ANNUAL REPORT

OF THE

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

JUNE 1988

Chisasibi, Baie James, Nouveau-Québec — J0M 1E0 Tél.: (819) 855-2844

92-02396/

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INTRODUCTION

The James Bay and Northern Quebec Agreement, signed on November 11th, 1975, between the Governments of Canada and Quebec as well as the Grand Council of the Crees (of Quebec), anticipated the creation of a Cree Regional Board which would be responsible for the administration of appropriate health and social services for all people, either permanently or temporarily residing in Region 10-B.

The Order in Council 12-13-1978, dated April 20th, 1978, materialized this section of the Agreement by creating the Cree Board of Health and Social Services of James Bay.

The Cree Regional Board, in addition to its prescribed powers, duties and functions respecting health and social services, as defined by the Act, can also maintain public establishments in one or more of the following four (4) categories:

Local Community Service Centre
Hospital Centre
Social Service Centre
Reception Centre

The Cree Board of Health and Social Services of James Bay presently administers six public establishments, as well as six Community Clinics situated in each Cree community of Region 10-B:

PUBLIC ESTABLISHMENTS

REGIONAL HOSPITAL CENTER
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2844

CREE SOCIAL SERVICE CENTRE
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2844

WEESAPOU GROUP HOME
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2681

UPAAHCHIKUSH GROUP HOME
951 Moisan
Chibougamau (Quebec)
G8P 1M9
Tel.: (418) 748-4641

COASTAL L.C.S.C.
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2844

Coastal Service points:

Whapmagoostui
Hudson Bay (Quebec)
J0Y 3C0
Tel.: (819) 753-2531

Wemindji
James Bay (Quebec)
J0M 1L0
Tel.: (819) 978-0225

Waskaganish
James Bay (Quebec)
J0M 1R0
Tel.: (819) 895-8833

Eastmain
James Bay (Quebec)
J0M 1W0
Tel.: (819) 977-0241

INLAND L.C.S.C.
Mistissini
Baie du Poste (Quebec)
G0W 1C0
Tel.: (418) 923-3376

Inland Service points:

Waswanipi
James Bay (Quebec)
J0Y 3C0
Tel.: (819) 753-2531

Nemaska, Champion Lake
C/O Camp Nemiskau (Quebec)
J0Y 3B0
Tel.: (819) 673-2511

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE BOARD OF DIRECTORS
FROM APRIL 1ST, 1987 TO MARCH 31ST, 1988

One representative for each of the different Cree communities of the region usually served by the Regional Board, elected for three years from among and by the members of the community which he/she represents:

- Mr. James Neacappo[1]
  Chisasibi representative and Chairman
- Mr. Robert Weistche[2]
  Waskaganish representative and Vice-Chairman
- Mrs. Jane Blacksmith [3]
  Mistissini representative
- Mrs. Maggie Minister[4]
  Nemaska representative
- Mrs. Lily Sutherland[5]
  Waswanipi representative
- Mrs. Marjorie Mark[6]
  Wemindji representative
- Mr. Matthew Mukash[7]
  Whapmagoostui representative

---

[1] His mandate will expire on April 19th, 1990.

[2] Elected on July 7th, 1986, his mandate expired on April 19th, 1987.

[3] Elected on October 22nd, 1986, her mandate expired on April 19th, 1987.

[4] Elected on September 3rd, 1985, her mandate will expire on April 19th, 1988.

[5] Re-elected on September 1987, her mandate will expire on April 19th, 1989.

[6] Elected on April 20th, 1986, her mandate will expire on April 19th, 1989.

[7] Appointed on June 24th, 1987, his mandate will expire on April 19th, 1989.

- Mr. Roderick Mayappo[8]
  Eastmain representative

One Cree representative elected for three years by the Cree Regional Authority:

- Vacant[9]

Three representatives elected for three years from among and by the persons who are members of the clinical staff of any establishment of the said Region, with a maximum of one representative for each professional corporation:

- Dr. Thomas Shapiro[10]
  Physician

- Mrs. Louise Carrier[11]
  Nurse

- Mr. Abraham Bearskin[12]
  Director of Youth Protection

One representative elected for three years among and by the members of the non-clinical staff of any establishment of the said Region:

- Mr. Jimmy Sam[13]
  Administrative Technician

---

[8] Elected on June 27, 1986, his mandate will expire on April 19th, 1988.

[9] Mr. Steven Bearskin has resigned following his nomination to the office of General Manager on March 22nd, 1988.

[10] Elected on February 1st, 1988, his mandate will expire on April 19th, 1988.

[11] Re-elected on February 1st, 1988, her mandate will expire on April 19th, 1990.

[12] Elected on September 5th, 1986, his mandate will expire on April 19th, 1989.

[13] Elected on May 25th, 1987, his mandate will expire on April 19th, 1990.

The Director of Community Health Department of a Hospital Centre, forming part of the Regional Board or with which the Regional Board has a service contract or his nominee or the Director of Professional Services or his nominee. The Cree Regional Authority shall appoint such person if there is more than one such centre:

- Mr. Pierre-Paul Mercier
  Director of Finance
  Montreal General Hospital

The General Manager of the establishment and, if there is more than one such establishment in the said Region, a person chosen from among and by the General Managers:

- Mr. Steven Beasrkin
  General Manager of the C.B.H.S.S.J.B.
  since March 22nd, 1988

There have been eight (8) meetings of the Board of Directors during the period covered by the present report.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE ADMINISTRATIVE COMMITTEE
AS OF MARCH 31ST, 1988

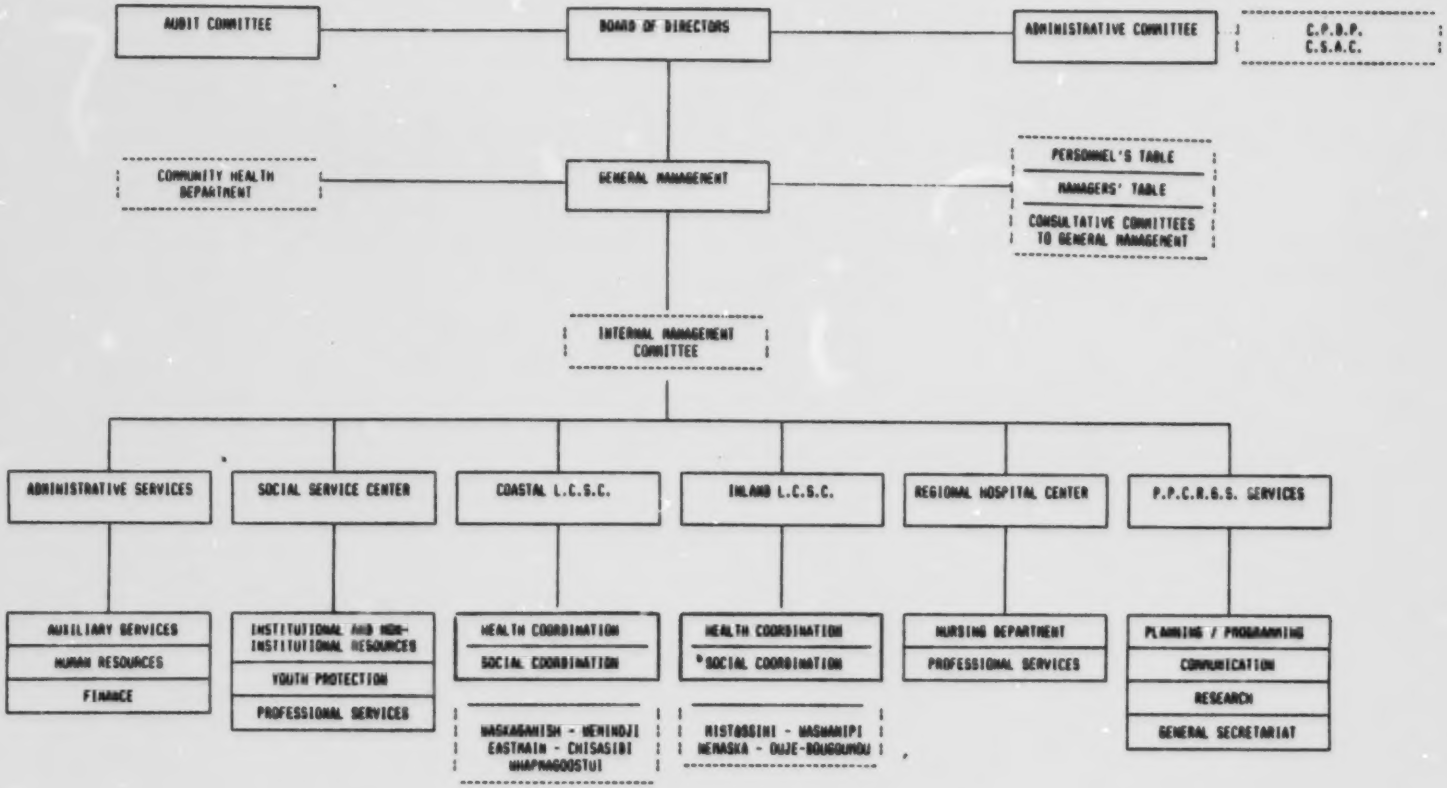
- Mr. James Neacappo (Chairman)
- Mr. Steven Bearskin
- Mrs. Maggie Minister
- Mr. Pierre-Paul Mercier
- Two positions are vacant

There have been two (2) meetings of the Administrative Committee during the period covered by the present report.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE AUDIT COMMITTEE
AS OF MARCH 31ST, 1988

- Mr. Pierre-Paul Mercier
- Mr. James Neacappo
- Mr. Robert Weistche

C.B.H.S.S.J.B. GENERAL CHART


AUDIT COMMITTEE
BOARD OF DIRECTORS
ADMINISTRATIVE COMMITTEE
C.P.D.P.
C.S.A.C.
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MANAGERS' TABLE
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INLAND L.C.S.C.
REGIONAL HOSPITAL CENTER
P.P.C.R.G.S. SERVICES
AUXILIARY SERVICES
HUMAN RESOURCES
FINANCE
INSTITUTIONAL AND NON-INSTITUTIONAL RESOURCES
YOUTH PROTECTION
PROFESSIONAL SERVICES
HEALTH COORDINATION
SOCIAL COORDINATION
WASKAGANISH - WEMINDJI
EASTMAIN - CHISASIBI
WHAPMAGOOSTUI
HEALTH COORDINATION
*SOCIAL COORDINATION
MISTASSINI - WASWANIPI
NEMASKA - OUJE-BOUGOUMOU
NURSING DEPARTMENT
PROFESSIONAL SERVICES
PLANNING / PROGRAMMING
COMMUNICATION
RESEARCH
GENERAL SECRETARIAT

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MANAGERIAL PERSONNEL
AS OF MARCH 31ST, 1988

General Manager	Mr. Steven Bearskin
Asst. General Manager - Administrative Services	Mr. Richard Vézina
Director of Planning, Programming, Communication, Research and General Secretariat	Mr. Richard St-Jean
Director of Regional Hospital Center	Mr. Michel Plouffe
Director of Social Services Centre	Mr. Fernand Filion
Director of Coastal L.C.S.C.	Mrs. Lucie Caron
Director of Inland L.C.S.C.	Mr. Daniel Beauvais
Director of Professional Services - Health	Dr. Reynald Cloutier
Director of Human Resources	Mrs. Marie-Andrée Bourdeau
Personnel Management Consultant	Mrs. Yolande Buisson
Director of Finance	Mr. Lawrence Potter
Assistant Director of Finance	Vacant
Head of Purchasing	Mrs. Dolores Audet-Washipabano
Coordinator, Patient's Services - Val d'Or	Mrs. Thérèse Snyder
Director of Youth Protection	Mr. Abraham Bearskin
Director of Institutional and Non-Institutional Resources	Mr. Arnold Devlin
*Group Home Coordinator - Coastal	Mr. Edward Tapiatic
*Group Home Coordinator - Inland	Mrs. Lynn Hanley
**NNADAP Coordinator - Coastal	Vacant
**NNADAP Coordinator - Inland	Mrs. Josée Quesnel
Director of Nursing and Hospital Services	Mr. Jean-Richard LeMay
Unit Coordinator	Mrs. Sylvie Guèvremont
Unit Coordinator	Mr. André Thibodeau
Health Coordinator - Coastal L.C.S.C.	Mrs. Ghyslaine Boilard
Social Coordinator - Coastal L.C.S.C.	Mrs. Madeleine Larue
Health Coordinator - Inland L.C.S.C.	Mrs. Agnès Gendron
Social Coordinator - Inland L.C.S.C.	Mr. Michel Raîche
Director of Auxiliary Services	Mr. George L. Pachanos
Director of Maintenance Services	Mr. Roderick Matches
Head of Food Services	Mrs. Nellie House

* New positions to be financed
** Positions financed by Federal Funds

CREE POPULATION BENEFICIARIES OF THE JAMES BAY AGREEMENT

RESIDING ON THE TERRITORY OF THE 8 BANDS

Age group		CHIS	EM	FR	MIST	NEM	PH	WAS	GWR	TOTAL OF RESIDENTS	TOTAL OF RESIDENTS, OFF RESERVE AND OUT OF TERRITORY BENEFICIARIES
0 - 4	M	148	18	76	53	21	25	45	36	422	469
	F	132	19	80	63	23	21	50	48	436	463
	T	280	37	156	116	44	46	95	84	858	932
5 - 9	M	127	24	66	149	31	25	57	48	527	597
	F	126	13	81	148	28	14	53	55	518	622
	T	253	37	147	297	59	39	110	103	1045	1219
10 - 14	M	168	24	78	176	27	25	67	50	615	700
	F	175	32	72	163	20	27	64	59	612	686
	T	343	56	150	339	47	52	131	109	1227	1386
15 - 19	M	153	19	81	155	17	29	69	49	572	665
	F	147	22	77	154	24	32	52	42	550	639
	T	300	41	158	309	41	61	121	91	1122	1304
20 - 24	M	107	21	70	112	15	30	68	39	462	535
	F	119	19	66	120	19	32	57	42	474	530
	T	226	40	136	232	34	62	125	81	936	1065
25 - 29	M	90	14	65	78	16	23	50	34	370	417
	F	106	14	59	79	22	23	42	21	366	397
	T	196	28	124	157	38	46	92	55	736	814
30 - 34	M	63	9	43	65	17	8	30	22	257	294
	F	85	13	32	69	14	10	30	25	278	331
	T	148	22	75	134	31	18	60	47	535	625
35 - 39	M	60	11	32	47	12	9	17	24	212	240
	F	67	12	29	51	6	14	19	28	226	264
	T	127	23	61	98	18	23	36	52	438	504
40 - 44	M	68	5	28	44	6	10	16	20	197	218
	F	65	7	24	60	6	9	20	17	208	248
	T	133	12	52	104	12	19	36	37	405	466
45 - 49	M	28	7	14	29	3	7	16	14	118	136
	F	42	7	14	27	5	9	19	14	137	158
	T	70	14	28	56	8	16	35	28	255	294
50 - 54	M	36	7	13	35	3	9	17	8	128	137
	F	29	6	16	23	4	6	21	13	118	133
	T	65	13	29	58	7	15	38	21	246	270
55 - 59	M	15	9	13	21	2	5	12	10	87	93
	F	19	4	8	17	3	13	18	6	88	100
	T	34	13	21	38	5	18	30	16	175	193
60 - 64	M	29	6	9	13	3	6	8	10	84	91
	F	24	4	10	25	2	5	8	10	88	96
	T	53	10	19	38	5	11	16	20	172	187
65 - 69	M	23	7	15	15	1	5	8	9	83	86
	F	29	4	11	15	5	1	7	11	83	87
	T	52	11	26	30	6	6	15	20	166	173
70 - 74	M	19	3	4	21	4	6	5	9	71	76
	F	17	5	3	15	1	0	6	3	50	53
	T	36	8	7	36	5	6	11	12	121	129
75 et +	M	27	2	13	17	3	2	8	10	82	87
	F	21	3	12	17	2	6	8	2	71	79
	T	48	5	25	34	5	8	16	12	153	166
Total	M	1161	186	620	1030	181	224	493	392	4287	4841
	F	1203	184	594	1046	184	222	474	396	4303	4886
	T	2364	370	1214	2076	365	446	967	788	8590	9727

GENERAL MANAGER'S REPORT

GENERAL MANAGER'S REPORT

On reading the Annual Activity Report of the Cree Board of Health and Social Services of James Bay for the fiscal year ending March 31st, 1988, it should be noted that 1987-88 is the second year of implementation of the triennial programming and the on-going administrative reorganization of all services throughout Region 10-B. A great deal of time and effort was invested by our various centers and departments in our attempts to achieve the objectives within our triennial programming, this in addition to the day-to-day activities of our organization.

Our main objective, with respect to the above, is to enable the organization to improve the management of services as well as the delivery, quantity and quality of these services to the population of Region 10-B. The decentralization of the management of services is basically to lay the foundation for the eventual takeover, by the local population, of these services.

While some of our objectives within the triennial programming will not be achieved, within the three year period, because we lack the necessary financial and human resources; we shall continue to make representations before the Government of Quebec, not only with the submission of our annual development budgets but also with direct contact with the appropriate departments or agencies.

I am confident however, that the majority of our objectives will be met, as we now enter the final year of our triennial programming, as at this time the administrative structure is basically complete.

SUMMARY OF OTHER ACTIVITIES

In addition to our day-to-day activities I would like to highlight some major events or activities that were carried out or occurred within our territory during the course of this fiscal year.

GENERAL MANAGER

Since the official creation of the Cree Board of Health and Social Services of James Bay, the undersigned was appointed as the fourth General Manager of this organization on March 22nd, 1988.

MADAME THERESE LAVOIE-ROUX
MINISTER OF HEALTH SERVICES AND SOCIAL SERVICES

On February 12th and 13th, 1988, Madame Thérèse Lavoie-Roux, the Minister of Health and Social Services visited Chisasibi and Mistissini. During this visit she had the occasion to meet Cree Health Board representatives as well as Grand Chief Matthew CoonCome, the Chiefs and Councillors of the Communities of Chisasibi and Mistissini and Chief Abel Bosum of the Oujé-Bougoumou Crees of Chibougamau. During this visit she also toured the Cree Health Board facilities and met various recipients of the services provided by the Cree Health Board.

Her visit provided an opportunity to raise specific demands by the Cree Health Board, the Grand Council of the Crees (of Québec), and the Band Councils of Chisasibi, Mistissini and Oujé-Bougoumou.

ROCHON COMMISSION

The Rochon Commission tabled their Final Report on February 8th, 1988. We had the occasion to meet the Commission in November 1987, regarding their final recommendations related to our region. Following reception of this Report by the Government of Québec, we have been requested to give our written opinion respecting the report. The Minister will hold hearings at Radisson, Québec on July 8th, 1988, at which time we will be present along with representatives of the Grand Council of the Crees (of Québec).

REGIONAL CONFERENCE ON ALCOHOL AND DRUG ABUSE

Pursuant to a Cree Regional Authority General Assembly Resolution, a Regional Conference on Alcohol and Drug Abuse was organized and held at Chisasibi, during the week of February 23rd, 1988.

A final report will be produced and submitted to the various entities and local governments for their study and hopefully to form a plan of action to counter the ever increasing problem of alcohol and drug use in our communities.

FEASIBILITY STUDY ON THE ESTABLISHMENT OF A TREATMENT CENTER FOR ALCOHOL AND DRUG ADDICTION

We are actively participating in a feasibility study on the possibility of establishing a treatment center for alcohol and drug addiction for the Cree and Algonquin population of Québec. This study is being carried out by the Department of Health and Welfare Canada in collaboration with both Nations and should be completed by December 1988.

MERCURY COMMITTEE

The Mercury Committee was established pursuant to the signing of the La Grande Phase II Agreement of November 1986. The representative for the Cree Board of Health and Social Services of James Bay on the Committee is Dr. Charles Dumont (Community Health Department - MGH). The Cree Board of Health and Social Services is responsible for the implementation of the health segment of the Agreement and has a budget of 4.1 million dollars over a ten year period. We are presently in year two, and years one and two were basically designated as planning periods. In this respect the Mercury Committee will hold a special conference, regarding mercury contamination as it relates to people, on August 23rd and 24th, 1988 at Val d'Or, Québec.

NEGOTIATIONS

We have continued to work with the Grand Council of the Crees (of Québec) and Cree Regional Authority regarding outstanding Federal obligations within the James Bay and Northern Québec Agreement. It appears very probable that should these negotiations be concluded, we shall be implicated regarding the Oujé-Bouboumou Crees, in terms of another Cree Band falling within the jurisdiction of Region 10-B.

OUJE-BOUGOUMOU CREES

On the anticipation of positive results from the negotiations with the Federal Government, we have formed a Working Group with the Oujé-Bougoumou Crees and this Working Group will develop a plan on the provision of health and social services for their new community.

FEDERAL FISCAL POLICY

We were also preoccupied with the new fiscal policy, of the Federal Government, regarding new taxation measures imposed upon northern benefits paid to non-native employees. The affected establishments of Region 10-A and 10-B and the North Shore have made special requests for exemption from these measures to both the Provincial and Federal governments.

CONCLUSION

The above are some of the major files that have been dealt with and some of which are on-going.

As one continues to read this report, you will realize that there has been a great deal of activity throughout our region, and each department has specific objectives to attain. Our staff is dedicated and will continue to work for the betterment of the beneficiaries within Region 10-B.

This is the 10th Anniversary of the Cree Board of Health and Social Services of James Bay and from year one to year ten, this organization has experienced practically every imaginable incident. However despite many problems along the way we have always moved forward in a positive direction. I am very confident that the next ten years will see overall improvement and this will be to the benefit of the people of Region 10-B.

Steven Bearskin
General Manager

REGIONAL HOSPITAL CENTRE'S ACTIVITY REPORT

REGIONAL HOSPITAL CENTRE'S ACTIVITY REPORT

As you can see by reading the title of this activity report, the implementation in 1987-1988 of our new organizational structure with the creation of two LCSC has significantly modified the management of health services in our region.

So it is as the Director of the Regional Hospital Centre of Chisasibi that I submit this summary of the Chisasibi Hospital's activities, in compliance with our new administrative realities. You will however notice, through the reading of our different reports, our regional commitment as regards either the delivery of health and dental cares or the accessibility to our clinical services (medicine, laboratory, radiology, pharmacy, archives) for beneficiaries and health professionals from other communities.

1987-1988 Main Events

- Implementation of the new organizational chart.
- Meeting with members of the Rochon Commission.
- Management of all professional services because no DPS was yet appointed.
- Revision of the planning and programming of all services and departments.
- Selection and recruitment of physicians of general practice in collaboration with the Module du Nord Québécois.

1988-1989 Priority Files

- Elaboration of a policy regarding the orientation and integration of managers.
- Report on the evaluation of the administrative and medical space needs at the Hospital Centre.
- Follow-up of the report Hypothèse de développement du Centre Hospitalier de Chisasibi.

Michel Plouffe
Director
Chisasibi Regional Hospital Centre

NURSING AND HOSPITAL SERVICES DEPARTMENT

During the last year, the nursing activities under the direction of the Nursing Department have been conducted in accordance with the orientations devised by the Nursing Management Committee. As regards the nursing philosophy advocated in the triennial programming, we continue our progress toward this ultimate objective called the individualized nursing approach.

That is why we hired the services of a firm specialized in organizational development. This company suggested us a flexible and moderate cost solution taking into account the funds available. The scaled-down version of the project allows us to implement, in the mid-term and the long term, an approach and a treatment plan ensuring that patients will receive cares inspired from the same philosophy.

Considering the turnover of nursing managers, we greatly enjoyed a relative stability which lasted a total of 9 months. The managing team was then able to assume its new role set by the reorganization of the CBHSSJB. The nursing coordinators are proud to have completed the community health general orientation programme, a document of 55 pages, before the transfer was finalized.

Since November 1987, the nursing management has received the responsibility of new departments which where before under the control of the hospital's Auxiliary Services. At the same time, we double our personnel with the addition of the foods services, security, housekeeping and laundry services. Thus the hospital services have been regrouped to ensure a better cohesion of the services intended for the beneficiaries. The new responsibilities include the administrative and qualitative control of these services. No major changes have been brought to these department except the physical reorganization of the housekeeping premises.

In June 1987, the employees working at the housekeeping department participated in a full week training. Under the supervision of a hired consultant, they learnt the maintenance techniques and the health measures which are in conformity with the accepted norms and standards. Phase 2 of this project will take place in June 1988 and the consultant will then give us a final report.

The food services received from our dietician all the relevant information pertaining to a rotation of menus on a several week basis. We also noticed a more frequent presence of replacing personnel in order to cope with a rise in the number of long term beneficiaries.

With the collaboration of the Human Resources Department, our management team has carried out the recruitment of nursing personnel, considering that we are in a better position to identify our needs and the requirements to satisfy the latters. This was also possible thanks to Reine Boily at the Module du Nord Québécois and to recurrent advertisement in the media. Thus we had our replacements for the Christmas period and the summer vacations more than two months in advance. Some interesting statistics: *the turnover rate was of 55% and, out of 19 permanent non resident employees, 9 are still working for us.

The Department of Nursing provided and supervised more than ** 122 days of staff orientation: 30 days given by the coordinators, 31 days at the outpatient clinic and 61 days at the Department of Medicine. This represents a global 50% decrease compared to last year. The reason, as it was foreseen in the 1986 Annual Report, is a better orientation thanks to the professional integration protocol.

As regards training and resourcing of employees, this year has been very beneficial to the organization. A total of 398 hours of on job training have been attended outside our H.C. and more than 21 hours provided directly here.

* This turnover rate is specific to the Nursing Department.

** Figures do not take into account the two orientations done at the Nursing office.

The following are but a few examples:

Resuscitation at an hospital centre - Problems during labour and delivery - Fetal monitoring - Notes in obstetrical chart- Follow-up of a woman in labour - The family during post-partum- Cardiac arrhythmias. The Basic Cardiac Life Support training has been provided on a priority basis to 8 ambulance drivers and 11 members of the nursing personnel. This training, encouraged and initiated by the nursing management, has been transferred afterwards to Adult Education so that a larger population may eventually take advantage from it.

In order to ensure a professional follow-up, 11 probationary evaluations, 16 annual evaluations and 5 evaluations at departure have been conducted. To ensure the participation of the staff in the continuity of cares, we finalized new nursing procedures (for a present total number of 48) and revised 7 others.

We noticed that the workload at the Department of Medicine is getting heavier. We used more regular work hours to cope with this overload. Moreover, 70 cases of private services necessitated more than 533 hours of nursing attendance, including 266 hours paid at time-and-a-half.

We experienced a total of 55 medivacs, which are medical evacuation within less than a 12 hour notice. These required more than 263 hours of nursing attendance. Besides, nurses of the Chisasibi Hospital also spent 70 days of work in the communities in order to help LCSCs in crisis situations.

Also, 22 minor incidents implicating beneficiaries have been reported but none entailed a prolongation of the stay. As regards prevention, we installed a ramp running along the Department of Medicine, bought various restrains and car seats for children.

The purchase of books on care techniques and series of publications on diabetes, bed sores, pulmonary and heart diseases, etc., improved the quality of the information provided to beneficiaries, either at the Department of Medicine or at the outpatient clinic. No noticeable reorganization of the premises occurred but several projects are on their way regarding the Department of Medicine, the outpatient clinic and the management of the Nursing Department.

Many general meetings of the nursing personnel took place in 1987-1988. We noticed an average of 7.8 attendants at these meetings, about 39% of the whole staff. Beneficiary attendants working at the Department of Medicine were also invited at two meetings regarding the reorganization of their tasks on the different shifts.

The elaboration of courses intended to diabetics and of post-partum courses allowed us to standardize the quantity and quality of the information provided to beneficiaries and to better control the input of various interveners (dietician, community health, clinic, etc.). A committee on the notation of medical charts, including a coordinator, two nurses and one nursing assistant has also been set up. To sum up, the following volumes were reported at the Department of Medicine and at the clinic.

	1987-1988	1986-1987	1985-1986
Admissions	458	400	560
Days/presence	5891	5509	-
Days/pediatrics	159	163	-
Births	53	56	-
Visits at clinic	16300	16636	17292

Jean-Richard LeMay Director of Nursing and Hospital Services	Sylvie Guèvremont Coordinator	André Thibodeau Coordinator

PROFESSIONAL SERVICES

In 1987-1988, the Department of Professional Services suffered once again from the long absence of a director responsible for the management of these services. Indeed, the position had no incumbent since the departure of Dr. Stephen Di Tomasso in June 1987 and was only filled on March 28th 1988 when Dr. Reynald Cloutier took over on a full time basis.

Highlights in 1987-1988:

- Elaboration and presentation to the Ministry of Health and Social Services of a regional medical manpower plan in collaboration with the CBHSSJB's Planning and Programming Service.
- Recruitment and selection of physicians of general practice and dentists in collaboration with the personnel of the Module du Nord Québécois in order to fill the positions stated in our medical manpower plan.
- Administrative reorganization of the Professional Services with the addition of a full time executive secretary.
- Study and evaluation regarding the development of new services: dental anaesthesia, obstetrical ultrasonography.
- Study and evaluation of the systems of delegated medical acts.

Priority Files in 1988-1989:

- Elaboration and implementation of delegated medical acts in conformity with the regulations in force.
- Elaboration of an orientation and professional integration programme intended for general practitioners and dentists.
- Rationalization of specialized medical services (specialists' visits) according to the community needs.
- Operational reorganization of the Chisasibi Hospital's outpatient clinic in collaboration with the Department of Nursing.
- Evaluation of the dental services according to the community needs.

DOCTORS IN THE COMMUNITIES

1987-88 saw an increase in the number of physicians working in region 10-B to a total of 9.5, under the limit of 11.25 doctors as provided in our medical manpower plan.

In Chisasibi, there were eight (8) doctors, allowing for more preventive medicine, visits in the communities, counselling and special projects. Dr. Christina Smeja returned for a 3rd year and Drs. Lorne Sherman, Helen Smeja, Thomas Shapiro, and Jeffrey Tyberg stayed for a 2nd year. New additions, who stayed just one year included Drs. Christina Greenaway, Nichole Riese and Maurice Roy.

Dr. Beatrice Superville continues to work in Mistissini, and Dr. Paul Roberge has provided stability in Waswanipi, working two weeks out of four.

The communities of Whapmagoostui, Wemindji, Eastmain, Waskaganish and Nemaska continue to receive regular monthly or bimonthly visits.

As before, we continue to have regular visits from specialists (most of whom have been coming for years) to Chisasibi, Mistissini, and Waswanipi, with some visits to the smaller communities.

Our specialists include:

Ophthalmology: Drs. Leith, Duncan, Balazi, Mully, Friedman
Optometrist: Mr. Robert Trudel
Surgery: Drs. Mutch and Karam
Internal Medicine: Drs. Dumont and Skamene
Pediatrics: Drs. Woods and Rich
Development Pediatrics: Dr. Larson
Psychiatry: Drs. Prince and Kolivakis
Orthopedics: Dr. Gledhill
Cardiology: Dr. Hortop
Ear, Nose & Throat: Drs. Sweet and Schloss
Endocrinology: Dr. O'Dea

Thomas Shapiro, m.d.

FAMILY MEDICINE PROGRAMME

In previous years, Chisasibi has been recognized as an accredited teaching unit for elective students, interns and residents by McGill University. This past year marked the institution of a compulsory Family Medicine directive in the McGill curriculum, a programme which has named Chisasibi as a participating rural site. This upgrading of our affiliation with McGill assures us a constant flow of students. In addition, the students now stay for 6-week blocks, allowing better exposure to the social and cultural aspects of the environment. All students spend one week in a nursing post, a part of their visit that is always a highlight. Our unit also remains free to accept elective students from other institutions.

Reports from McGill continued to show Chisasibi as a favorite choice amongst students, and their demand always exceeded our optimum capacity. This should continue to play a major role in future recruitment.

The benefits of this programme to our doctors include faculty appointments in the McGill Department of Family Medicine, the chance to attend training sessions, and the motivation to continue improving their medical skills and knowledge.

Funding from the Ministry continues to support this programme completely, providing as well a supply of learning materials, which benefit staff and patients, as well as our students.

Dr. Lorne Sherman
Head of the Department of General Medicine

DEPARTMENT OF GENERAL MEDICINE

As a very young department, the Department of General Medicine has demonstrated gradual integration into the system. Given the uniqueness of the region's administrative and professional structure, the department functioned largely as a sub-committee of the C.P.D.P.

The Department's main goals were:

- The continued upgrading of medical equipment, focussing on preparedness for emergency situations, standardization of equipment throughout the region, and evaluation of equipment intended to reduce the need for elective patient transfer.
- Improvement in the level of care for chronic patients in hospital.
- Improved control over elective admissions during goosebreak.
- Increasing medical visits to Wemindji, one of the larger coastal villages.
- Closer follow-up of specialized patients by increasing structurization and staffing of sub-specialty clinics.
- Significant upgrading of medical reference materials in the nursing posts.

A notable innovation within the department has been the creation of an obstetrical service, with the appointment of Dr. Helen Smeja as Chief of service. As the risks of obstetrics in isolated areas are well recognized, the goals of the service and its chief have been intended to maximize safety and comfort while continuing to offer beneficiaries the option of delivering in the region.

This has been approached through:

- Improved equipment (birthing bed, vacuum extractor, etc.).
- Preparing of standardized medical prescriptions for labour, post-partums, and newborns.
- Upgrading pre-natal screening to conform with recommendations of the American Obstetrics Society.
- Continuing close relations with obstetricians in Val d'Or during all phases of pregnancy, including on-site visits by specialist.
- Developing strict criteria for patient selection, reducing overall risks of deliveries in Chisasibi.
- Planning of pre-natal courses.

Dr. Lorne Sherman
Head of the Department of General Medicine

DENTISTRY

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a) Department Summary

This year again, the Department of Dentistry has experienced many changes in management and personnel.

First, we now have since the summer of 1987 a new team of permanent dentists for each of the positions authorized by the Government. We also created a bank of replacing dentists in collaboration with the Module du Nord Québécois.

In order to foster permanency as regards dentist positions and, above all, to provide beneficiaries with better treatments, we installed for about 55 000 dollars worth of equipment in the communities.

A study on the quality of treatments performed under anesthesia has been conducted, but the final results are not yet available. On the other hand, we found new ways to improve the quality of services via their decentralization; this was highly desirable in the present situation.

Several preventive programmes have been implemented:
1) filling of wells and fissures in first permanent molars;
2) home visits of newborns. Moreover, our promotion of the fluoridation of water in collaboration with the Module du Nord Québécois had some success this year.

The implementation of the dental programme intended for youths within the curriculum of the Cree School Board is a great victory as regards prevention.

We also innovated this year by introducing conferences held twice a year for the dentists of the region 10-B, a local dental journal for the sharing of innovations in dentistry, and a study group recognized by the Ordre des Dentistes du Québec.

It is obvious that the accomplishment of all these things would not have been possible without the cooperation and the good spirit of the whole dental team working in region 10-B.

Finally, apart from the obvious priority of maintaining the structure of the Department of Dentistry and its programmes, our developmental priorities for 1988-1989 are the following.

1. To obtain funds from the Minister of Health and Social Services for the hiring of a second dental hygienist in region 10-B. The region will then have one dental hygienist for the coastal communities and one for the inland communities. The primary purpose of this request is to ensure the continuation of the dental prevention programmes in the region.
2. To obtain the Minister of Health and Social Services' approval of the hiring of a seventh dentist in the region. This person would be based in Mistassini where patient-dentist ratio warrants a second dentist.
3. To obtain funds from the Minister of Health and Social Services for an orthopanthomograph X-ray unit in Mistassini. The purchase of this item will complete the development of dental facilitiés in region 10-B.
4. To promote the installation of water fluoridation facilities in the eight communities.

André B. Garceau, dds
Head of Department of Dentistry

DENTAL CLINIC APPOINTMENTS

			Years		
Villages	83-84	84-85	85-86	86-87	87-88
Chisasibi	2843	2856	3358	2911	2872
Whapmagoostui	746	428	224	501	450
Wemindji	446	652	849	614	863
Eastmain	273	437	351	354	412
Waskaganish	416	1235	2009	1466	1645
Nemaska	52	372	344	571	768
Waswanipi	580	993	724	868	402
Mistissini	487	497	1831	1832	1539
TOTAL:	5843	7470	9690	8997	8931

b) Dental Hygienist Report

This year we spent most of our time on, among other things, the Dental Health and Nutrition School Programme, the Fluoride Programme and the Tootbrushing Programme, on visits to the communities and on organizing the Dental Health Month.

Following the evaluation report on the Dental Health and Nutrition Programme produced in mid-May, new activities, new questionnaires and a second teacher's book of activities has been elaborated.

This preventive programme was implemented for the second year by the community health representatives in the eight communities. Three educational visits have been conducted during the school year to all classes from pre-kindergarten to the seventh year.

Even if the Fluoride Programme and the Toothbrushing Programme were implemented since 1985-1986, teachers' involvement was sporadic. That is why we suggested to the school commissioners at a meeting in Val d'Or to integrate these programmes to the regular curriculum. This resolution was unanimously adopted and the programmes are part of the curriculum since September 1987. We also started the evaluation of the Fluoride Programme and the evaluation report will be available by mid-August.

We started our visits to the eight communities right away in September. We performed screening tests in the pre-kindergarten, grade one, grade two, grade three and grade five classes in order to detect children who needed to consult the dentist. On a total of 1026 children, 865 were examined and 572 sent to the dentist; that is to say 66% of the children needed treatments.

During our second visit to the communities in February-March, we made the follow-up of the screening tests by sending a letter to the parents of those children who had not seen the dentist. On the 572 children referred, 274 letters were sent.

For April, the Dental Health Month, we produced a dental hygiene calendar which has been distributed to each family together with toothbrushes. Moreover, radio messages corresponding to the calendar are broadcasted twice a week by CBC North since April 1988 until March 1989.

Here are the priorities for 1988-1989:

1) To elaborate and implement a new Dental Health and Nutrition Programme.

2) To elaborate a dental hygiene course which will be integrated to prenatal courses.

3) To evaluate the Toothbrushing Programme.

4) To organize information sessions on the career opportunities in the dental health field.

Brigitte Gionet
Dental Hygienist

MEDICAL RECORDS

With the arrival of new medical archivist in June 1987, the first step was to catch up the time lost as regards the analysis of the charts at departure and coding of these ones. The delay was a result of the absence of a medical archivist from April to the end of June 1987.

Then the physical organization of the department was upgraded. A new mobile shelf system was bought and installed at the end of 1987-1988. The space now available makes the premises more functional.

Besides, the standardization of the medical charts in the community clinics part of the Coastal LCSC was undertaken in October 1987. The team soon set up for this task was composed of the Health Coordinator of the Coastal LCSC, a nurse and the medical archivist. In March 1988 started the standardization itself; Wemindji and Waskaganish were the first clinics done. Whapmagoostui and Eastmain clinics will be standardized in 1988-1989.

On the next page you will find a table comparing the hospital movements of the two last financial years, 1986-1987 and 1987-1988.

Johanne Riopel
Authorized Medical Archivist

	1987-88	1986-87
ADMISSIONS		
- Medicine	221	226
- Obstetrics	72	72
- Pediatrics	120	101
TOTAL	413	399
Newborns	53	49
TRANSFERRED FROM ACUTE TO CHRONIC CARES		
- Medicine	7	3
- Pediatrics	0	0
DAYS-PRESENCE		
Acute Cares		
- Medicine	1883	1859
- Obstetrics	219	267
- Pediatrics	541	465
TOTAL	2643	2591
Newborns	159	163
Chronic Cares		
- Medicine	2858	2553
- Pediatrics	366	365
TOTAL	3224	2918
AVERAGE PATIENTS-PER DAY		
Acute Cares		
- Medicine	5.1	5.1
- Obstetrics	0.6	0.7
- Pediatrics	1.5	1.3
TOTAL	7.2	7.1
Newborns	0.4	0.4

	1987-88	1986-87
OBSERVATION CASES	99	113
DISCHARGES		
Acute Cares		
- Medicine	209	228
- Obstetrics	72	72
- Pediatrics	120	100
TOTAL	401	400
Newborns	53	49
Chronic Cares		
- Medicine	2	6
- Pediatrics	-	-
DAYS OF HOSPITALIZATION		
Acute Cares		
- Medicine	1738	2125
- Obstetrics	214	266
- Pediatrics	581	423
TOTAL	2533	2814
Newborns	160	163
Chronic Cares		
- Medicine*	86	4009
- Pediatrics	0	0
TOTAL	86	4009

* The difference between the two years is explained by three (3) deceased beneficiaries, after many months of hospitalization (1986-87)

	1987-88	1986-87
AVERAGE STAY		
Acute Cares		
- Medicine	8.3	9.3
- Obstetrics	2.9	3.5
- Pediatrics	4.8	4.2
TOTAL	6.3	7.0
Newborns	3.0	3.3
Chronic Cares		
- Medicine*	43.0	668.2
- Pediatrics	.0	.0
TRANSFERRED TO ANOTHER H.C.		
- Medicine	18	15
- Obstetrics	10	7
- Pediatrics	7	7
TOTAL	35	29
Newborns	1	1
NUMBER OF DEATHS		
- Medicine	6	14
- Pediatrics	1	1
TOTAL	7	15
NUMBER OF DELIVERIES	53	49

* See note on page 35

2. LABORATORY

The year 1987-1988 was characterized, as regards the services provided by the laboratory, by the purchase of about 75 000 dollars' worth of equipment. The acquisition of a more sophisticated chemical analyzer, particularly, will allow us to spend less time on biochemical analysis and to do in Chisasibi tests we previously had to send to Val d'Or.

The study on the work space needs conducted in 1987-1988 will be followed in 1988-1989 by the renovation works required to comply with the standards regarding health and security at work.

In order to provide a better service, a book stating the rules for the sampling and handling of specimens has been written and distributed to all the communities concerned. Moreover, a tighter follow-up of the internal quality control process has been performed to ensure the steady accuracy of our analysis results.

The following tables will give an idea of the volume and kind of work performed by our service in 1987-1988.

Mario Desgagné
Group-leader

A statistical analysis of the year's activities is useful only when compared with the volume of activities in previous years.

YEAR	NUMBER OF TESTS	NUMBER OF UNITS
1984-85	50,290	257,668
1985-86	65,971	271,697
1986-87	67,744	291,970
1987-88	69,395	290,121

BREAKDOWN OF CHISASIBI LABORATORY ACTIVITIES

Sector	1984-85		1985-86		1986-87		1987-88	
	Tests	Units	Tests	Units	Tests	Units	Tests	Units
Haematology	4130	17586	6552	49177	6896	49436	6560	43460
Biochemistry	16641	133405	23781	125913	21091	103332	20038	98959
Bacteriology	23202	61719	27381	46217	30131	82787	29553	78043
Serology	1163	5210	1312	3016	2614	11063	2464	10369
Urine	2148	12252	2670	14546	2668	14232	2408	12508
Blood Bank	319	3174	378	2846	497	3839	568	3704
Sampling and Handling (tests sent out of town)	2687	24322	3895	29985	3847	27286	7800	43078
TOTAL	50290	257668	65971	271697	67744	291970	69395	* 290121

* The reduction in the number of units was caused by the breakdown of instrument for 1 1/2 month and the use in the communities of the new kit f the identification of strep "A" and measuring of Beta HCG.

RADIOLOGY

No change in the composition of our full time personnel was experienced in 1987-1988. As regards the equipment, we purchased a functional filing system for radiographic films. This was necessary considering the space shortage in the actual premises and the lack of a suitable stockroom for the storage of inactive files. Also, in order to comply with the standards regarding health and security at work, we ordered a kit including the equipment required to control the quality of radiodiagnosis exams.

Besides, the results of the study on the possibility to offer in the near future an obstetrical ultrasonography service at our hospital centre have not been conclusive considering, on the one hand, our limited needs and, on the other hand, the costs pertaining to the purchase of the equipment and to the training of personnel (physicians and technicians).

During this same year, we performed a complete revision of our book of policies and procedures.

Priority files for 1988-1989:

- Modification of the ventilation system of the darkroom.
- Promotion, among the student clientele, of career opportunities in radiology.

I. NUMBER OF PATIENTS	1984-85	1985-86	1986-87	1987-88
Hospitalized patients	256	182	157	137
Outpatients	1 177	1 095	1 094	1 131
Patients referred to Chisasibi	378	451	343	313
TOTAL	1 811	1 728	1 594	1 581

II. NUMBER OF X-RAYS	1984-85	1985-86	1986-87	1987-88
Hospitalized patients	367	392	217	260
Outpatients	1 438	1 557	1 396	1 347
Patients from outside of Chisasibi	527	668	473	452
TOTAL	2 332	2 617	2 086	2 059

III. NUMBER OF UNITS	1984-85	1985-86	1986-87	1987-88
Hospitalized patients	1 485	1 125	676	749
Outpatients	8 280	8 804	8 624	7 496
Not from Chisasibi	3 448	4 239	3 744	3 329
TOTAL	13 213	14 168	13 044	11 574

IV. NUMBER OF X-RAY FILMS	1984-85	1985-86	1986-87	1987-88
Hospitalized patients	452	358	201	266
Outpatients	2 480	2 772	2 537	2 462
Not from Chisasibi	978	1 306	896	923
TOTAL	3 910	4 436	3 634	3 651

V. PEAK ACTIVITY PERIODS

Late May to late June
Mid-August to mid-September
November - March

VI. LOWEST ACTIVITY PERIODS

April to late May - December

PHARMACY

Following the implementation of new programmes (prevention, training, etc.) in our organization, the Department of Pharmacy did not have any other choice than to evolve in the same way...

A new strictly beneficiary-oriented philosophy has been developed during the year 1987-1988. Drugs being now only considered as tools, the pharmacist spent his efforts towards providing the beneficiaries with a better service. This is why the figures of the next pages (e.g. number of prescriptions) must be considered by taking into account the number of patients or, even better, the duration of the treatment.

This new perspective incited us to perform the following activities:

A) Professional Resources

- Temporary hiring of a second pharmacist for about four weeks so that the permanent pharmacist could have the time to perform the activities pertaining to the triennial programming.

- Temporary hiring of a secretary for about three weeks in order to classify the various documents of the department.

B) Administrative and Clinical Activities

- Writing of the policies and procedures of the department.

- Writing of a compendium of current magistral preparations intended for replacing pharmacists and technicians.

- Writing of a special list of first line drugs intended for physicians, including their storage location at care units.
- Distribution of information sheets on most drugs prescribed for the first time to a patient.

C) Equipment

- Purchase of an electronic scale for a better precision and a speedy process of magistral prescriptions.
- Installation of a new shelf system providing more available space in the stockroom.
- Construction of a storage system for solutions in order to offer a better service.

OUR OBJECTIVES FOR THE YEAR 1988-1989

These are oriented towards:

- The training of new technicians.
- The writing of a document within the programme intended to train the nurses who will be working at the clinics and at the hospital.
- The promotion of the pharmacist's image and role in the communities.
- The computerization of the department.
- The control of the stocks in the communities in order to better justify the actual consumption of drugs and reduce costs.

Emmanuel Laborde, L.Ph
Head of the Department of Pharmacy

ANNUAL REPORT

PHARMACY

1987-1988

PRESCRIPTIONS	1984-85	1985-86	1986-87	1987-1988
Issued inpatient prescriptions	3,872	4,566	3,686	3,538
Issued outpatient prescriptions	13,213	16,268	16,481	18,062
Prescriptions issued outside regular working hours (from external clinic)	909	1,004	1,053	1,603
Total	17,994	21,838	21,220	23,203
Prescriptions controlled medication per year	131	87	138	125
Prescriptions of narcotics per year	352	335	359	436

ANNUAL REPORT

PHARMACY

1987-1988

BENEFICIARIES	1984-85	1985-86	1986-87	1987-88
Inpatient beneficiaries	1,614	1,626	1,413	1,347
Outpatient beneficiaries	9,636	11,372	12,672	11,782
Total for the whole year	11,250	12,998	14,085	13,129
(Number of workings days)	260	260	260	260
Average number of beneficiaries per day	43	49.99	54.17	50.49

ANNUAL REPORT

PHARMACY

1987-1988

PRESCRIPTIONS COSTS	1984-85	1985-86	1986-87	1987-88
Outpatient prescriptions including Dental Clinic, Community Health and External Clinic	$67,884.09	90,757.29	112,021.59	118,353.01
Inpatient prescriptions (Medicine)	16,586.63	21,912.12	22,614.53	23,906.12
Cash received from non-residents for prescriptions	2,116.43	2,244.66	3,910.88	2,264.87
Free medications for employees	1,853.83	2,379.60	3,310.47	3,639.41

ANNUAL REPORT

PHARMACY

1987-1988

COMMUNITY CLINICS OUTPUT	1984-85	1985-86	1986-87	1987-88
Whapmagoostui	$ 25,816.70	28,669.15	33,094.09	38,265.15
Wemindji	31,916.63	25,248.97	46,404.66	45,934.43
Eastmain	14,458.08	22,608.46	20,752.35	24,752.45
Waskaganish	31,481.91	37,914.98	50,247.83	64,225.42
Nemaska	9,563.36	16,676.87	18,811.92	19,742.44
Waswanipi	25,677.78	22,801.58	1,457.19	889.49
Mistassini	42,367.78	67,212.81	4,452.81	1,648.20
TOTAL	$181,282.24	221,132.82	175,220.85	195,457.58
Total of requisitions	584	659	564	612

ANNUAL REPORT

PHARMACY

1987-1988

COMMUNITY CLINICS RETURNS	1984-85	1985-86	1986-87	1987-88
Whapmagoostui			757.65	857.09
Wemindji	$ 140.05		261.75	336.35
Eastmain	165.23	82.35		
Waskaganish	1607.69	640.87	478.33	85.28
Nemaska	-0-	-0-	-0-	-0-
Waswanipi	-0-	-0-	-0-	-0-
Mistassini	207.84	-0-	-0-	-0-
TOTAL:	2120.81	723.22	1497.73	1278.72
Real consumptions	$ 179,369.27	220,409.60	173,723.12	94,178.86

ANNUAL REPORT

PHARMACY

1987-1988

HOSPITAL OUTPUT	1984-1985	1985-1986	1986-1987	1987-88
Community Health	$ 4,335.53	9,941.81	4,238.23	7,433.61
Outpatient Clinic	75,841.38	98,426.79	125,507.56	129,563.79
Medicine Obstetrics	35,126.55	52,412.15	46,333.31	42,306.10
Dental Clinic	1,241.55	200.48	1,995.32	2,401.22
Laboratory	882.05	1,605.89	1,258.22	1,387.71
Sterilization	-0-	11.00	33.00	-0-
Radiology	358.97	792.33	194.86	182.16
TOTAL:	$ 117,786.03	165,190.45	179,110.50	183,274.59
Total of requisitions	594	685	758	725

ANNUAL REPORT

PHARMACY

1987-1988

GENERAL INVENTORY	1984-85	1985-86	1986-87	1987-88
Credits from the companies	$ 4,115.55	2,308.70	1,584.04	5,258.69
Expired medication	4,864.35	5,904.24	3,426.34	7,652.40
INPUT				
Physical Inventory		144,904,68	126,907.74	165,973,29
Purchases			345,574.57	432,312,68
TOTAL:			490,479.25	559,220.42
OUTPUT				
Hospital			179,110.50	183,274.59
Communities			175,220.85	195,457.58
Expired medications			3,426.36	7,652.40
TOTAL:				386,384.57

INPUT versus OUTPUT:

$ 559,220.42 - 386,384.57 = 172,835,85

DIETICIAN

Despite the creation of the two LCSC, the dietician and the dental hygienist continued to serve the eight communities. The distinctiveness of both territories and the long distances to cover make their mission quite difficult.

Transferred to the LCSC on April 1st 1988, the dietician's first priority in 1987-1988 was community health.

The next pages give summary of the activities organized in the fields of community health, dietotherapy and food services.

COMMUNITY HEALTH

1. Dental Health and Nutrition Programme

For the second consecutive year, the programme has been implemented in all schools of the territory except Waswanipi where the person in charge withdrew before the beginning of the school year.

This year we proceeded to the evaluation of the programme implemented in 1986-1987. Classroom visits where then slightly changed. A 2-day training was organized for those in charge of the programme, mainly community health representatives.

We are presently evaluating the implementation of the programme and the students' understanding of the notions learned.

Priorities for 1988-1989:

- General overhaul of the programme in order to favour a progression in the learning of the students.
- Organization of a training session for the persons in charge of the programme.
- Meeting with the school directors and teachers.

2. Education Nutrition Programme (adapted to the native population)

This was the year we implemented a brand new school programme intended to teach students some basic nutrition knowledge and to make them adopt good food habits. It is aimed at grades 1 to 7 and was conducted in the eight schools of the territory by the teachers, the CHR* or others. Before that, CHR were trained during two days, while teachers participated in a briefing conducted by the dietician.

We are presently evaluating the implementation and the content of the programme.

Priorities for 1988-1989:

- Improvement of the programme (if required).
- Meeting with the CHR (or others in charge), teachers and school directors.

3. Nutrition Month

For this year's Nutrition Month, we organized a poster contest in collaboration with the Hudson Bay Company for students from grade 1 to grade 9. The poster was supposed to foster the consumption of healthy foods and to give examples of healthy traditional and store foods. Four of the eight schools participated. Three winners among the 23 finalists received a prize, and one of these three posters will be printed by Health and Welfare Canada and used to promote healthy food across the whole country.

A radio message on obesity was also prepared and sent to CHR.

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*CHR: Community Health Representatives

4. Writing of a cookbook

We are presently preparing a cookbook composed of a section on nutrition and another on recipes.

The objectives of the cookbook are the following:

- To promote traditional foods and commercial foods with a good nutritive value.
- To tell the native population the principles of an healthy diet.
- To show the population a simple and nutritive way to prepare food.

The activity received a subsidy from the Ministry of Health and Social Services (Direction des Communications).

B. Dietotherapy

This year again about 30 patients were referred to diet counselling at the Chisasibi Hospital.

C. Food Services

Following a request from the Administrative Services, the dietician elaborated a menu for the cafeteria which changes according to a 4-week cycle.

The dietician also acts as a consultant for health professionals and various organizations. She often sends educational material to nurses in the community clinics and to community health representatives.

SOCIAL SERVICES CENTRE'S ACTIVITY REPORT

CREE SOCIAL SERVICES CENTRE ACTIVITY REPORT

A word from the Director of the Cree Social Services Centre...

This past year can be described by one word: CHANGE. The C.B.H.S.S.J.B. changed its organizational structure completely. The most important element of this change being the creation of two CLSC.

These changes had a very important impact on the CSSC.* We transferred part of our budget over to the CLSC's**, that is all the budgets of Homecare services, plus part of the budget of community workers, and all of the NNADAP**** budget.

Also we created a Direction of Institutional and Non-Institutional Resources whose mandates is to develop third line programs and resources for the CSSC clients.

With the transfer of its first line (non-specialized) cases to the CLSC, the CSSC even though it has a reduced staff, was able to channel its energy into developing second line (specialized) and third line (residential) services.

Because of specific budget development requests presented to the M.H.S.S.***, we received an extra 56,000$ to categorize our Foster Families and an extra 134,000$ to operate our two Group Homes for young people with behavioral problems. This means an increase of over 190,000$ for our Resources Direction.

Also to the benefit of the CLSC who now handles the homecare services file, we were able to get an extra 60,000$ from the M.H.S.S.

*	CSSC:	Cree Social Services Centre
**	CLSC:	Local Community Services Centre
***	MHSS:	Ministry of Health and Social Services
****	NNADAP:	National Native Alcohol and Drug Abuse

Also during our financial year, our legal advisor gave a training session to all the community workers (this was before the CLSC were created) on the intricacies of the Youth Protection and Young Offenders Acts.

A senior inland community worker also received a training session on youth protection matters dealing with children's sexual abuse.

The process of transfer of cases from the CSSC to the CLSC began in November 1987 for the inland communities and in January 1988 for the coastal communities.

These changes were not as easy as we expected. The coastal community workers were used to being supervised by the Director of Professional Services, and the inland workers were used to being supervised by the inland supervisor.

When in January 1988 the DYP* became the direct supervisor of the eight CSSC community workers (now called social service workers) there was a great deal of confusion among the workers.

Our CSSC second line workers still referred to the inland supervisor instead of the DYP for supervision.

At some time CLSC workers would ask the DYP or the Director of Resources for supervision.

However once the two CLSC " social coordinators " were both hired, the situation improved a great deal.

With the help of these two managers, the workers understood better the distinction between first line and second line services (between CLSC & CSSC).

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* DYP: Director of Youth Protection

Also by the end of the financial year, the DYP became more and more involved in case supervision.

The CSSC is also very involved in the nativization of the services. The CSSC staff complement is as follows: 8 social service workers, 12 houseparents, 2 childcare workers, 2 coordinators, 2 on-call social emergency workers and 4 directors for a total staff of 30 people.

Of this staff of thirty, only three are non-native, and those three, all holders of professional degrees, and are very committed to nativization, to the extent that we can claim that within three years from now, the Cree Social Services Centre will be completely 100% nativized.

We have had some failures also, for instance we were unable to provide our workers with the training program we have been promising for so long.

The contacts with McGill University have been maintained. McGill is ready to give a certificate program in social work that would be recognized as the first year of the BSW program.

But unfortunately we have been unable to acquire the funding for it. Nevertheless our hopes are still high for next year.

We also have been unsuccessful in getting a new group home for youth built in Mistissini, so that the Upaahchikush Group Home could relocate from Chibougamau to Mistissini, here again we are hopeful for next year.

Over the past few years we had a service contract with the Ville Marie Social Services Centre for professional supervision purposes. A senior professional social worker would visit each of the communities twice a year and meet the staff four times a year for supervision meetings. This worker would also be available to take telephone calls from the community workers seeking professional advice on complex issues.

When the two social coordinators positions were created for the two CLSC, and considering the fact that the DYP would become a line supervisor, it was felt that three supervisors for social problems issues (1st and 2nd line) was enough and that we could terminate the service contract. This was done, and the budget for it was redistributed between the CLSC and the CSSC.

It was also felt that our workers did not benefit a great deal from " supervision at a distance ".

Instead of having one DPS* and a distant supervisor (VMSSC) supervise 15 community workers, we would have one inland CLSC " social coordinator " supervising 3 community workers, one coastal CLSC " social coordinator " supervising 5 community workers and one DYP supervising 8 social services workers. Unfortunately because of budget restriction the two CLSC could not fill all their staff positions.

But nevertheless having three (in-house) supervisors for the only slightly higher number of workers, was felt to be an improvement of supervision.

Finally we renewed our service contract with the Shawbridge Youth Centre for the third year. This contract agreement has been very beneficial for our Resources Direction; the cost of this agreement is ridiculously low around 7000$ per year and provides us with valuable expertise in the fields of childcare, psycho-social rehabilitation and residential care.

Generally speaking I feel that the 1987-88 has been a good year for the CSSC, its main characteristics was change, and although the advent of the CLSC amputated the CSSC of half of its budget: NNADAP, Homecare Services and First Line community workers; the CSSC was nevertheless able to specialize into second line services distribution, and to develop considerably their third line services (residential resources).

In the coming year the CSSC will improve the professional quality specialize their services even more, and will also start providing services to so far neglected clienteles such as handicapped and mentally illed.

Also we will make every effort to collaborate with the two CLSC's who are providing first line and prevention services to the population. This collaboration is very important if we are to respect the " Creeway " of doing things, that is together in collaboration.

PROFESSIONAL SERVICES

The Director of Professional Services is responsible for the overall quality of social services offered to the population.

During the course of the financial year 1987 - 88, important changes were made in the organizational structure of the CBHSSJB.

The creation of two Local Community Services Centre (CLSC) one on the coast and one inland had an important impact on the Cree Social Services Centre.

Due to budget redistribution, the position of Director of Professional Services which became vacant in September 1987, has not been filled.

The position still exist in our organizational structure, but the budget alloted for it has been transferred to the CLSC.

Nevertheless, the DPS position is being filled on an interim basis by the Director of the Social Services Centre.

In our previous organizational structure, the DPS was the direct supervisor to all the community workers. In our new structure the line manager responsible for the supervision of the community workers of Cree the Social Services Centre is the Director of Youth Protection.

Nevertheless although, the DPS position has been vacant since September 1987, a still considerable amount of work has been performed by this Direction.

From April to September 1987, the last DPS was working on a training program for community workers with the School of Social Work of McGill University. The program is now ready and is awaiting funding form the Quebec Ministry of Health and Social Services. Hopefully we will be able to start the training program in the course of the 1988 - 89 financial year.

Also from April to December 1987, this direction was also responsible for all the supervision of community and homecare workers.

With the advent of the two CLSC, the responsibility of homecare services were transferred to these two new directions. Also, the social services caseloads were reviewed and the first line (non specialized) caseloads were transferred to the two CLSC.

The Cree Social Service Centre retained all of the second line (specialized) caseloads, more specifically so, those dealing with Youth Protection and Young Offenders.

TRIENNIAL PROGRAMMING

Some of the objectives of Professional Services Direction set forth in our 1986 - 1989 triennial programming have been met.

For instance, the objectives pertaining to administration of Social Services : "To ensure that working conditions of staff are optimal in terms of office space, clerical help and administrative policies, professional support and training";

have largely been met, the CSSC head office in Chisasibi has been relocated to new facilities. We now operate out of our own trailer. Managers and staff now have better organized office space. We also acquired an IBM computer which is being used daily by our secretary for her word processing tasks.

The office space in which we now work in Chisasibi is more conductive to creative and fruitful work and the working climate in our Chisasibi office could not be better.

Also all of our workers in each community now have their own enclosed office and office equipment.

Unfortunately we have not yet been able to provide our community workers with the training they so desperately need.

Another objective which was :

> **"to provide social work services that are more appropriate to the Cree milieu".**

Again this objective has been largely met, thanks to the effort of Mr. Abraham Bearskin our DYP and Mrs. Joy Smith a consultant from VMSSC who both have used respectively : their great knowledge of Cree society, and of clinical psycho-social interventions in the north, to set forth an approach of social work that respects as much as possible the " Creeway of doing things ".

We still do not have a theoretical model of Cree psycho-social intervention, but our practical approach to service distribution is resolutely Cree; and eventually we will build a theoretical framework to it.

The Cree Social Services Centre although having lost some of its social service staff to the benefit of the CLSC has nevertheless been able to increase the services to the population.

As of January 1988, there is one full time social service worker in each of the eight (8) Cree communities, who are handling the second line (specialized) caseloads, in collaboration with their colleagues of the CLSC who are handling the first line caseloads.

Hence most of the objectives of the Professional Services Direction that are specialized (second line services) in their nature have been met.

GLOBAL STATISTICS 1987 - 1988

ACTIVE FILES	CHILDREN	ADULTS	TOTAL
On April 1st, 1987	521	238	759
Openings/year	166	70	236
Closures/year	114	52	166
As of March 31st, 1988	573	256	829

BENEFICIARIES REGISTERED	CHILDREN	ADULTS	TOTAL
On April 1st, 1987	967	616	1583
New beneficiaries	161	81	242
Total number of aided beneficiaries/year	1128	687	1825

STATISTICS 1987 - 1988

YOUTH AND FAMILIES

INTERVENTIONS

(other than YOA - YPA)

COMMUNITY	YOUTH COUNSELLING	CHILDREN PLACEMENTS		FAMILY COUNSELLING
		FOSTER HOME	RECEPTION CENTRE	
CHISASIBI	101	14	6	75
WHAPMAGOOSTUI	27	4	2	41
WEMINDJI	46	8	3	133
EASTMAIN	33	0	0	24
WASKAGANISH	52	28	1	70
NEMASKA	53	43	11	89
WASWANIPI	251	100	31	480
MISTISSINI	34	13	18	45
TOTAL FOR THE YEAR	597	210	72	957

ADULTS

COMMUNITY	COUNSELLING		PLACEMENTS	
	COUPLES	INDIVIDUALS	FOSTER HOME	RECEPTION CENTRE
CHISASIBI	21	45	0	0
WHAPMAGOOSTUI	4	12	0	0
WEMINDJI	29	88	0	0
EASTMAIN	0	31	0	0
WASKAGANISH	2	20	0	0
NEMASKA	39	108	1	0
WASWANIPI	26	86	0	8
MISTISSINI	7	31	0	3
TOTAL FOR THE YEAR	128	421	1	11

ELDERS

COMMUNITY	COUNSELLING	PLACEMENTS	
		F.HOME	RECEP.CENTRE
CHISASIBI	14	0	1
WHAPMAGOOSTUI	0	0	0
WEMINDJI	0	10	0
EASTMAIN	1	0	0
WASKAGANISH	0	1	0
NEMASKA	10	18	7
WASWANIPI	7	0	1
MISTISSINI	6	4	1
TOTAL FOR THE YEAR	38	33	10

HOMECARE SERVICES

COMMUNITY	ADULTS	FAMILIES	ELDERS
CHISASIBI	9	2	6
WHAPMAGOOSTUI	0	0	14
WEMINDJI	1	2	8
EASTMAIN	0	19	56
WASKAGANISH	3	0	27
NEMASKA	1	11	28
WASWANIPI	8	12	80
MISTISSINI	3	2	36
TOTAL FOR THE YEAR	25	48	255

COMMUNITIES	TYPE OF INTERVENTIONS						
	INFORM.	TECHN. AID	POTENT. CASES	CONSUL-TATION	SUB-TOTAL	HOMECARE	TOTAL
CHISASIBI	181	20	33	279	513	446	959
WHAPMAGOOSTUI	104	12	18	106	240	334	574
WEMINDJI	491	9	15	169	684	1271	1955
EASTMAIN	199	93	5	32	329	1065	1394
WASKAGANISH	311	431	35	159	936	521	1457
NEMASKA	266	271	50	200	787	272	1059
WASWANIPI	885	121	895	599	2500	771	3271
MISTISSINI	314	13	17	228	572	432	1004
TOTALS(1987-88)	2751	970	1068	1772	6561	5112	11673
TOTALS(1986-87)	970	388	620	1902	3880	4305	8185
TOTALS(1985-86)	719	259	441	1214	2633	N/A	---

YOUTH PROTECTION DIRECTION

Two years ago we had produced a document called "Equality in the difference" which listed out most of the complaints communities had pertaining to the youth justice system. That document also included some proposals to modify the unsatisfactory system. That first document was presented to all the Cree bands for consultation.

From these consultations we received feedback from the bands suggesting ways to improve the modalities of application of the youth laws. Taking these suggestions into consideration, this year, in July we produced a second document called the "Alternative".

This new document explains the operationalization of a nativized youth justice system. It deals mainly with the establishment of local Justice Committee that would be set up in each community and whose mandates would be to deal with all the aspects of the youth legal system.

This committee would hear cases pertaining to the Youth Protection Act, the Young Offenders Act and the Band By-laws related to young people under 18 years of age.

This document was sent to all the chiefs and again we will initiate a consultation process which will begin during this financial year and will run into the next one.

We wish to make everyone aware of the importance of this file. In any self-government process, the control of its own justice system is a key issue, and in this area, the Direction of Youth Protection of the CBHSSJB is a spearhead.

In the course of the year we have provided the community workers with one training session given by our legal advisor in matters of Youth Protection and Young Offenders.

Also, our senior inland CSSC worker, Mrs. Marlene Dixon has received a special training program given by the MSSS, on how to deal with children`s sexual abuse cases.

Also in the course of the year we have increased the number of persons willing to act as security guards to escort youth protection and young offenders' cases when they go to court.

Also a very important difference over last year's activity, is the fact that since January 1988, all the community workers of the CSSC, (now called social services workers), are now directly supervised by the DYP who is now a line manager with his own staff and budget.

As its mandates stipulated, the Direction of Youth Protection offered services to all of the Cree communities through the Social Service workers who are all delegates of the DYP.

TRIENNIAL PROGRAMMING

Most of the objectives we included in our 1986-1989 triennial programming that have a CSSC (second line) focus have been met or are in the process of being met :

> "To transfer legal powers and sovereignty to Cree Nation concerning the control and application of Youth Protection".

Although the process of transfer is incomplete, the file is progressing extremely well. The Ministry of Justice and the Ministry of Health and Social Services are both very receptive to our proposals.

Unfortunately there is an area where our objectives were not met at all, and that is with the budgeting of the Youth Protection Direction :

> " To have sufficient economic or financial resources for the function of the DYP ".

Here the results have been very poor, mainly because the MSSS only increased the detailed component DYP budget from 105,491 in 1986-87 to 108,191 in 1987-88 an increase of 2,700. or 2.5%, leaving us with a deficit of 127,405.

Our efforts to secure more funding from the Ministry will have to become more energetic.

Another objective where we did not fare too well was the one :

> "to establish a bank of resources for the Cree Social Services Centre in dealing with youth ".

Although not impossible, it is nevertheless very difficult to establish a bank of volunteers to work with Young Offenders and Youth Protection cases. Our efforts in this field were not energetic enough, however there seems to be a built-in resistance in our communities for people to get involved in other people's business.

A more successful pursuit has been

> "to establish a better coordination on youth related matters to the Cree communities ".

Here the fact that the DYP became a line manager has greatly increased his involvement in all phases of a youth related casework, from youth protection "signalment" to placement in a resource and from initial offense to court ordered placements in the case of young offenders, the DYP is involved very closely in each and every case and works in very close collaboration with the Director of Institutional and Non-Institutional resources, hence our objective of coordination and collaboration on youth related matters has been met.

YOUTH PROTECTION STATISTICS

NO. INSCRIP.	CHI	WHAP	WEM	EAST	WASK	NEM	WASW	MIST	TOTALS	
									87-88	86-87
Y.O.A.	31	20	11	10	45	11	50	33	211	189
Y.O.P. (art.38)	86	11	28	6	41	23	71	92	358	338
No.Decisions										
Unretained	4	0	0	0	2	0	3	4	13	30
Vol. Meas.	10	8	11	19	7	11	16	6	88	150
Court Referrals	8	0	5	1	3	1	23	3	44	86
Other Measures	-	-	-	-	-	-	-	-	-	-
Number of clients										
Y.O.A.	36	20	15	13	52	11	52	32	231	189
Y.P.A. (Art 38)	101	16	42	10	45	28	83	94	418	338
TOTAL	137	36	57	23	97	39	135	126	649	527
Number of Adoption Files									31	33

INSTITUTIONAL AND NON-INSTITUTIONAL RESOURCES DIRECTION

In July of 1987 the CBHSSJB hired a Director of Resources to plan, evaluate, coordinate and develop institutional resources and non-institutional resources. Institutional resources would include reception centres and group homes for youth and the elderly. Non-institutional resources would include foster homes, supervised apartment settings and activity centres or day centre programmes for the elderly, handicapped clientele and other Cree clients who required specialized services.

Presently Cree Social Services has developed two community based co-ed group homes for Cree youth between the ages of twelve and eighteen years. These youth are placed by the justice system under the Youth Protection Act or the Young Offenders Act, or by the CSS community workers with the approval of the Director of Youth Protection.

For Cree youth who have more serious emotional and behavioral problems placements outside the region has to be sought. Presently Cree Social Services is using three institutions for youth placements; Centre d'Orientation l'Etape in Val d'Or and Shawbridge Youth Centres and Youth Horizons in Montreal. Functional plans are being prepared for presentation to the MHSS, requesting creation of a Cree reception centre that would provide culturally appropriate programmes and services.

For Cree clients who have physical or mental handicaps and are unable to live at home, placements have been sought at the Gary Taylor Centre in Beaconsfield, le Centre Butters in Austin and at the Regional Hospital Centre in Chisasibi.

The Office des Personnes Handicappées of Quebec has developed a policy that all institutions that provide residential services for the physically or mentally handicapped will close by 1991 and community based programmes such as foster homes, supervised apartment settings and group homes will receive these clients. Thus in the next several years funds for the resources such as those mentioned above will be requested from the Ministry of Health and Social Service.

Cree psychiatric clients who require placement outside of their families home have to be placed outside the region at the Douglas Hospital or the Allan Memorial Hospital in the Montreal area. This client group albeit small could benefit from a supervised apartment setting to support them during the transition period from being hospitalized and the return to their natural homes.

In the non-institutional sector Cree Social Services has been active in the development and use of foster homes for children, youth, adults and the elderly. A specialized foster home has been developed in Mistissini for five elderly clients who have physical limitations and special needs. The Québec Ministry of Health and Social Services (M.H.S.S.) has re-organised the foster homes under three categories: Regular, Specialized and Readaptation but has yet to fund the cost of the new categorization and to take into account the 20% additional costs of goods in the north.

Group Home Services :

The Weesapou Group Home provides group care services to Cree Youth from the five (5) James Bay coastal communities of Waskaganish, Eastmain, Wemindji, Chisasibi and Whapmagoostui. The group home is staffed by all native workers since April 21st, 1987.

one (1) coordinator
one (1) child care worker
two (2) couples regular houseparents
one (1) relief houseparents couple, part-time

Total : 8 group home staff

The operating expenses for 1988-89 at the Weesapou Group Home will be 247,00$. This is a significant increase in the budget for the group home and has provided the needed funding to have the houseparents and childcare worker placed on the regular payroll. Previous to this time they were being paid under purchased services.

Programme : April 1st 1987 - March 31st, 1988

1) The Traditional Activities programme plays a very important part in the educational and counselling process at the Weesapou Group Home. Cultural training in the Cree way of life also takes place, in which members of the group will be performing a special function for the whole system. Each one has a special duty to perform e.g. fetching wood for fire, fetching water for drinking, others will be inside doing chores, cooking, etc... The daily routine in these traditional activities starts from early in the morning till usually very late in the evening. It is a vital treatment process for Indian Youth.

   a) Hiring native coordinator April 20, 1987

   b) Weesapou Spring Goose Break April 20 - May 23, 1987, (The group home was split 3 ways (1) inland, and (2) coastal)

   c) Training new coordinator May 11-14, 1987 (orientation in Montreal, Shawbridge facilities, Youth Horizons)

   d) Training new coordinator in Montreal at Shawbridge-----June 22 - July 6, 1987 (stayed at Ste-Rose Group Home) (Shawbridge Duncan Brown, coordinator of Ste-Rose and Lindsay Cottage).

   e) Seal River - Long Island Fishing Trip - July 15-19, 1987.

   f) Cultural Exchange with Shawbridge Youth Centres-------Trip to Montreal - July 6-12, 1987.

   g) LG-3 fishing trip - August 1-9, 1987.

   h) Fall goose break - all clients from group home leave to go hunting with their parents - September 4-21, 1987.

i) Fall Moose Hunt at Nemaska - October 2-9, 1987 invitation from Upaahchikush Group Home

j) Hiring of new relief houseparents Sam & Helen Kitty--- November 1987.

k) Mini caribou Hunt - December 4-6, 1987.

l) Group Home clients went home for Christmas - December 18, 1987 - January 4, 1988.

m) Annual Caribou Hunt - February 19-25, 1988

n) Houseparent - Coordinator Training - March 14-18, 1988.

Total overnights in pursuit of traditional activities---- 64 days

Weekend day trips from the village hunting small game,
white bird, partridge, caribou and fishing (estimate)---- 30 days

Total days traditional activities------------------------ 94 days

Miscellaneous

Training sessions, Cree houseparents and coordinators from both Group Homes Weesapou & Upaahchikush - March 14-18,1988
Trainers --- Joan Maclean, John Cristofaro.

1988-89 Plans :

1. Hiring of Tutor
2. Hiring of a Native childcare worker
3. Training relief houseparents, childcare worker and coordinator in Chibougamau "Security & Safety Programme" June 20-24, 1988
4. Training for childcare worker, houseparents and coordinator.

The Upaahchikush Group Home provides group care services to Cree youth from the (4) James Bay inland communities of Mistissini, Waswanipi, Nemaska and Oujé-bougamau. The group is staffed by native members with the exception of the coordinator. Plans have been made to hire and train a native coordinator during the 1988-89 financial year.

The Upaahchikush Group Home is temporarily located in Chibougamau and negotiations have been taking place with M.H.S.S. to fund the construction of a group home in Mistassini during 1988-89 financial year.

Programmes : Traditional Activities

1. Spring Goose Break Lac Nemenjiche - April 25 - May 9, 1987
2. Fishing Trip Mistissini Lake - May 22 - 25, 1987
3. Fishing Trip Mistissini Lake - June 24 - 28, 1987
4. Fishing Trip Chibougamau Lake - July 17, 1987
5. Fishing Trip Chibougamau Lake - July 20, 1987
6. Fishing Trip Mistissini Lake - July 21, 1987
7. Rabbit Snaring Chibougamau Lake - August 5-9, 1987
8. Fishing Trip Mistissini Lake - August 24-26, 1987
9. Moose Hunt, Group Home Pow Wow Nemaska - September 26 - October 11, 1987
10. Winter Camping Trip Mistissini Lake - March 3-6, 1988

Special Activities

1. Quebec Childcare Conference Montreal - May 1987
2. Canadian Psychiatric Association Native Mental Health Section " Family Violence " London, Ontario September 1987
3. Special summer works project Chibougamau Indian Centre
4. In-Service Training Session organized by Shawbridge Youth Centres on Treatment planning and Crisis Prevention Institute (CPI) March 14 - 18, 1988

1988-1989 Plans :

1. Continued training of Houseparents, childcare worker and coordinator under the Shawbridge Youth Centre --Cree Social Service Centre Professional Services contract.
2. Hiring of a childcare worker.
3. Cultural Exchange Youth Horizons Centre - July 18-25, 1988 Mistassini Lake - August 1-8, 1988 Montreal

CREE YOUTH RECEPTION CENTRE PLACEMENTS - 1987-1988

	W.G.H.	U.G.H.	L'Etape	S.Y.C.	Y.H.	TOTAL
Total number of Cree youth in placement	21	17	27	7	5	77*
males	18	15	20	5	3	61
females	3	3	3	2	2	16
Total number of Cree Youth discharged	15	10	19	7	1	52
Total number of jour de presence	2186	1945	NA	NA	NA	-
Average number of clients per day	5.99	5.33	NA	NA	NA	-
Young Offenders Act (YOA)						
Open Custody	6	4	14	1	1	26
Closed Custody	0	0	1	0	0	1
Youth Protection Act (YPA)	15	11	12	6	4	48
Health and Social Services Act S-5	0	2	0	0	0	2

* 9 Cree youth were involved in multiple placements.

W.G.H. = Weesapou Group Home
U.G.H. = Upaahchikush Group Home
S.Y.C. = Shawbridge Youth Centres
Y.H. = Youth Horizons

Foster Home Services :

A total of 123 Cree clients were placed in 135 foster home in Region 10B during the period April 1, 1987 - March 31, 1988.

Foster Home Placements by community :

Chisasibi	40
Mistissini	23
Waswanipi	22
Waskaganish	18
Wemindji	7
Nemaska	7
Eastmain	6
Whapmagoostui	no activity

56% of the clients placed were male and 44% were female. 90% of the clients in foster home placements were 15 years old or younger. Of this group 44 children placed were 4 years old or younger.

The average length of a foster home placement in the James Bay region is a little over 4 months with 25 clients being placed in a foster home for one year or more. 65 clients or 53% of those clients in foster home placements were placed for three months or less.

Thus we can see that the CSS Social Service Workers attempt to return the youth to his/her natural home as quickly as possible.

Last year only three adults were placed in foster homes.

Institutional and Non-Institutional Resources Plans for 1988-1989

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1. Training Session on categorization of foster homes.

2. Presentation to M.H.S.S. on the need for increased budgetary support for foster homes. The 1987-88 budget for foster homes was only $120, 760.00 for the entire 10B region with no special needs funds.

3. Development of supervised apartment settings for psychiatric clients or physically or mentally handicapped clients.

4. During the summer 1988 a pilot project - Day Centre for the physically and mentally handicapped in Chisasibi will be run in conjunction with the Chisasibi Parents of Children with Special Needs Committee.

5. The return of a group of handicapped youth and adults who are placed in institutions in Southern Quebec and Ontario for summer visits with their families and relatives.

ALCOHOL AND DRUG ABUSE PREVENTION PROGRAMME

This programme called the National Native Drug and Alcohol Abuse Programme (NNADAP) is funded by the Ministry of Health and Welfare Canada.

It is a primary prevention program addressed mainly to native youth. It also is community based in the sense that it tries to integrate local community resources in its prevention efforts.

In 1987-88 we increased the staff to eight (8) prevention workers, this means that each of the Cree communities has a prevention worker. However in order to provide services to the Oujé-bougoumou community of Chibougamau, we divided one man/year position in two, hence Nemaska and Chibougamau each have a half time position, each of the other communities have a full time prevention worker.

There are also two regional coordinators, one for the coast, and one inland. We have a good stability with the inland coordinator, it is the first time in years that we have a real professional coordinator inland.

On the coast we had a good beginning, but our coastal coordinator left us before the end of the financial year. Nevertheless this year for the first time, the objectives set forth in the contribution agreement have been met for the most part.

Thanks to Josée Quesnel our inland coordinator and to Lawrence Jeffries and Edward Georgekish respectively coastal coordinator and acting coastal coordinator, we were finally able to initiate some community based programmes. The fact that we have had more stability in our first line managerial staff has been a definite asset to the programme.

Also in the course of the year, with the help of Mr Henry Tremblay of NNADAP " Ottawa ", a feasibility study on the possibility of having our own Treatment Centre for residents in region 10B has been initiated.

Our Board of Directors signed a resolution to this effect, and the study was begun. A preliminary verbal report was presented to us (CBHSSJB and Band Council) by the NNADAP consultant Mr Germain Paul. According to his report, the situation looks very promising for us.

Also, during the course of the year, we entered into an agreement with the CRA to the effect that for a sum of 30,000.$ they would send us their Drug and Alcohol Consultant, Mr Ken Walsh to set up a " Substance Abuse Information Centre " consisting of audio-visual, and written documents to be used by our prevention workers. The arrangement was to be that we would have two complete documentation centres in each of the two communities of Chisasibi and Mistissini. Unfortunately, after many delays, the centres received the audio-visual material, but some of it is of poor quality and that the written documents have not been delivered. On the other hand, with the help of our two coordinators it will be possible to complete these documentation centres and bring them up to the professional standards required for the prevention activities of our workers.

In the course of the year, with the creation of the two CLSC, the prevention started integrating their new work team at the CLSC and this even though the NNADAP program was officially under the CSSC management until the end of the financial year.

The NNADAP program being essentially a first line service, should fare better under CLSC management.

LOCAL COMMUNITY SERVICE CENTRE'S ACTIVITY REPORT - COASTAL

COASTAL LCSC

In the month of August of the financial year 1987-1988, it was officially decided to divide the eight communities into two distinct sectors managed by two LCSC.

The sector of the James Bay coast encompasses 5 communities: Whapmagoostui, Chisasibi, Wemindji, Eastmain and Waskaganish.

In order to ensure the continuity in a certain number of files regarding these communities, the following services were transferred to us:

November 1987 - Auxiliary Services (except for Chisasibi)
November 1987 - Community Health in Chisasibi
January 1988 - Social Services and Home Care Services
March 31st, 1988 - NNADAP and Nutrition (Coastal team)

With the addition of these, we now have more personnel to supervise, more services to organize. Here is a list of the personnel we can presently count on:

8	Northern establishment attendants
4	Housekeeping attendants
3	Northern establishment general helpers
1/2	Dietician (since April 1st, 1988)
13	Nurses
4	CHR
6	Community workers
7	Home care workers
5	NNADAP workers
1	Health coordinator
1	Social coordinator
1	NNADAP coordinator
1	Director
1	Executive secretary

Taking into account the variety of employees and the difficulty to manage daily 5 different remote communities, our mission is a challenge where the plain results are not always equal to our planned expectations.

DIRECTOR OF LCSC

Because of the diversified tasks attributed to the LCSC, the Director must assume the direct remote supervision of 20 employees and see to the maintenance and repair of the buildings in the 4 coastal communities, in addition to the tasks commonly undertaken by the director of an establishment.

Among objectives for the financial year 1987-1988, we find:

- To finalize a document stating LCSC's policies and procedures.
- To have more frequent and direct contacts with the Band Councils and to plan mutual help schemes between them and the clinics (auxiliary services, health committees, etc.).
- To formalize a control system for the reception of purchases and the maintenance of material.
- To review northern establishment attendants' tasks in each community.
- To establish a statistical system to gather data on the services provided.

HEALTH COORDINATION

With the addition of an health coordinator in September 1987, it was possible to undertake the standardization of the programmes and the functional organization of the clinics.

Since her arrival she visited 12 times the 4 communities, for a total of 38 days of direct supervision of the interveners (nurses and CHR).

Following a meeting with the head nurses in November 1987, priorities were set for the year 1988-1989. They are:

- To standardize community health programmes.
- To set a clear policy on the integration of new employees.
- To complete the standardization of beneficiaries' charts filing system in collaboration with the archivist.
- To complete the uniformity of laboratory and diagnosis techniques.
- To standardize the follow-up of patients according to the relevant programmes.
- To better integrate the CHR to the local team's multidisciplinary work.

CHR (Community Health Representatives)

The main programmes in which CHR participate are: Bush Kit, Nutrition File and School Dental Health.

During 1987-1988 each one received in their community 2 visits from the LCSC Health Coordinator, 2 from the Dietician, 1 from the Programming Agent and 2 from the Dental Hygienist.

They were invited to 10 days of training divided in two distinct sessions, one in Chisasibi and another in Val d'Or.

Despite the numerous visits these employees received during the year, their supervision remains extremely difficult to coordinate. They require a constant support together with a weekly follow-up. This determines the quality of their work. A full time coordinator should be specially appointed to this task.

	N. OF INDIVIDUAL CONSULTATIONS DONE BY CHR **	
COMMUNITY	1986 - 1987	1987 - 1988
Chisasibi	576	377
Whapmagoostui	247	259
Wemindji	155	445
Eastmain	61	171
Waskaganish	---*	---

* There is no CHR in this village.
** According to Units of Measure Sheets.

Recruitment of nurses

On the 11 permanent nurses working in Whapmagoostui, Wemindji, Eastmain and Waskaganish, 5 had to be replaced. The personnel turnover is thus still high.

Here are few details regarding replacements for sorties, training, sick leaves, maternity leaves, epidemics, unexpected reasons, etc.

COMMUNITY	REPLACEMENTS	
Whap.	8	for 3 different nurses.
Wemindji	16	for 16 different nurses.
Eastmain	7	for 6 different nurses.
Waskaganish	16	for 14 different nurses.
TOTAL	47	for 28 different nurses (some travelling from a community to another).

Training

In 1987-1988, the Coastal LCSC took over this coordination for the personnel of the two LCSC and the Chisasibi Hospital.

HOSPITAL	NUMBER OF SESSIONS OFFERED	ATTENDANCE: NUMBER OF NURSES
M.G.H.	5	12
M.C.H.	5	13
TOTAL	10	25

In order to give you a clear picture of the situation, we have set this table stating comparative statistics for the communities served.

	POPULATION		N. OF BIRTHS **			N. OF DEATHS **		
COMMUNITY	NOV.14 1986*		85-86	86-87	87-88	85-86	86-87	87-88
Chisasibi	2264		66	71	78	12	18	7
Whapmagoo-stui	440 Crees 480 Inuits		11	8	15	1	3	1
Wemindji	819		20	20	19	4	6	8
Eastmain	346		5	11	4	4	1	3
Waskaganish	1224		27	40	47	3	1	6

* Census.
** Community registers.

The following tables were set according to the Units of Measure Sheets.

HOME VISITS

This table gives the number of home visits per community either done by nurses, physicians or CHR.

	1985 - 1986	1986 - 1987	1987 - 1988
Chisasibi	287	294	270
Whapmagoostui	55	69	30
Wemindji	181	84	90
Eastmain	205	149	157
Waskaganish	74	55	146
TOTAL	802	651	640

The criteria regarding home visits were rationalized. They are paid to elderly persons who can not walk, handicapped persons, etc. A medical prescription is now required.

COMMUNITY HEALTH

This table gives the number of beneficiaries nurses met within preventive programmes such as vaccination, prenatal and tchayos clinics.

	1985 - 1986	1986 - 1987	1987 - 1988
Chisasibi	7175	5362	4231
Whapmagoostui	1263	1533	1226
Wemindji	186	1034	1751
Eastmain	343	805	900
Waskaganish	1178	5810 *	2358
Total	10,126	14,508	10,466

* Hepatitis Programme

OUTPATIENT AND EMERGENCY CLINIC

This table gives the number of persons met at the clinic for reasons not related to preventive programmes (emergency, curative consultations, follow-up, etc.).

	1985 - 1986	1986 - 1987	1987 - 1988
Whapmagoostui	3710	3637	3765
Wemindji	4495	4857	3930
Eastmain	2593	2097	2389
Waskaganish	7700	8254 *	6959
Total	18,498	19,145	17,043

* N.B.: In Waskaganish in 1986-1987, the entire population had to be vaccinated three times during the same year because of the hepatitis B epidemic. After that, the additional interventions related to hepatitis mainly concerned infants who received three vaccines during their first year of life.

Average number of consultations per day

This is the average daily number of consultations provided by the nursing and medical personnel compiled in each community.

	Community Health		Curative Consultations		Total preventive and curative	
Community	04/01/86 09/31/86	04/01/87 09/31/87	04/01/86 09/31/86	04/01/87 09/31/87	04/01/86 09/31/86	04/01/87 09/31/87
Chisasibi	29	25	----	----	29	25
Whapmagoostui	7.4	7.4	17	17	24.4	24.4
Wemindji	8.6	11	19.5	25	28.1	36
Eastmain	4.	5.5	10	8	14	13.5
Waskaganish	3.6	12	38	37	74	49

* Socio-sanitary file of Region 10-B, according to CBHSSJB's Units of Measure Sheets, DSC Montreal General Hospital.

SOCIAL COORDINATION

SOCIAL SERVICES

Since January 11th 1988, the first line social services have been transferred to the Coastal LCSC.

The Social Coordinator, the Director of the LCSC and the Director of the SSC completed this transfer. To establish a more functional structure, it will be necessary to create new community worker positions.

Statistics for 1987-1988 will be provided by the SSC.

The Social Coordinator conducted a 3-day visit to each community in order to define their specific needs which are:

a) to ensure a close supervision in Wemindji, Chisasibi and Whapmagoostui;

b) to establish a collaboration process between the SSC and the LCSC as regards the evaluation, the orientation and the takeover of each community worker's files;

c) to clearly inform LCSC community workers about their responsibilities, their tasks, and policies and procedures pertaining to them.

Objectives for 1988-1989

a) To gather statistics on the clienteles and social interventions in each community.

b) To ensure a better follow-up of beneficiaries' file by improving the "intake" and by evaluating and devising an intervention plan adapted to the clientele's needs.

c) To implement, in collaboration with the Inland LCSC, a standardized system of data gathering, of policies and procedures, and of forms for the evaluation and orientation of current files.

d) To do a training session on family violence intended for all community workers.

e) To foster the harmonization of LCSC's regular social services and SSC's "specialized" social services.

We also wish to carry out the community workers' academic training we all await for many years.

The management and the daily supervision of this personnel will always be a weighty administrative task as long as a clinical consultant will not be hired.

HOME SUPPORT SERVICES

The responsibility for the home support services programme in the five coastal communities has also been transferred last January from the SSC to the LCSC. Although it is not in reality a structured programme but rather a service mainly offered to the elderly, the LCSC evaluated each beneficiary's needs through a systematic revision of all files. This was performed in each community in the presence of the community workers and the home care workers.

A home care policy is urgently needed in all the communities we serve. This is why we state the following objectives for 1988-1989:

1) To standardize the evaluation of home care and medical care requests in order to coordinate LCSC's interventions in this programme.

2) To provide home care workers with data gathering schemes giving a better idea of the nature and the duration of their interventions.

3) To make the population, community organizations, band councils, and the medical and nursing staff aware that the home care programme does exist and tell them to whom it is intended for.

4) To foster the participation of community workers and home care workers of each village in a 5-day training session (subsidized by the MHSS) on home support and nursing cares at home which will probably be held in September 1988 in Chisasibi.

5) To collaborate closely with the Inland LCSC to standardize the programme, the policies and procedures and the data gathering schemes.

The relevant statistics for 1987-1988 pertaining to this programme will be provided by the SSC.

LOCAL COMMUNITY SERVICE CENTRE'S ACTIVITY REPORT - INLAND

INLAND LCSC

The Inland LCSC was established in the spring of 1987, at the beginning of the financial year subjected to this annual report, when a restructuring of all the services of the CBHSSJB was conducted.

Of course, the LCSC has not been established only to improve the structure of the organization but above all to foster the participation of the population, that is the clientele itself. Indeed it is not easy for most of the beneficiaries of the health and social services network to get a message across to the supra-regional level when matters are of a local interest. The CBHSSJB is still the organization responsible for the provision of services but it now listens to the base with both ears, roles are better defined and mandates less vague.

However, even if the regional network knows its mandate and the local network (LCSC) is eager to do, human and budgetary resources remain to be developed. Incidently, an interesting project has been proposed at the end of the financial year. It is the set up of a multidisciplinary team (one CHR, one community worker and one nurse) in order to implement LCSC's important mandate as regards the development of school health preventive services. The experimental project has been designed according to the new secondary school in Mistissini. A similar team will be also formed in Waswanipi. And why not another one in Oujebougoumou? This time the personnel is already overloaded and could not stand it.

So in 1988-1989 we will do our best to realize this project, but also to implement other new basic health and social services through a rise in human resources.

The next pages give you a summary of the activities which took place inland during the year 1987-1988.

Daniel Beauvais
Director Inland LCSC

1. MANAGEMENT OF THE LCSC

Four managers assume the management of the Inland LCSC. They are:

Agnès Gendron, Health Coordinator
Josée Quesnel, NNADAP Coordinator
Michel Raiche, Social Coordinator
Daniel Beauvais, Director

The support staff is composed of:

Paul Iserhoff, Administrative Technician
Annie Trapper, Executive Secretary

Human Resources

Some tasks are delegated to the team on site, which also conducts the recruitment. Recruitment, selection and orientation guidelines are the same than in Chisasibi but there implementation is ensured by LCSC's managers. They keep a close collaboration with Chisasibi's Department of Human Resources.

Services provided to employees

The managing team provides the employees with all the assistance they need as regards paychecks, finances, housing and transportation. The executive secretary is solely responsible for the organization of all employees' air and road trips on, to or from the Inland territory.

The director of the LCSC copes with problems related to pay or other administrative matters and applies the housing policy set by the CBHSSJB. He also provides a link with the different departments in Chisasibi and with outside suppliers.

Purchases

Purchases for the entire Inland territory are managed by the administrative technician. He performed in 1987-1988 not less than 775 interventions for over 320 000 dollars.

LCSC's most serious management problems are related to the control, purchase, distribution and transport of goods. But we accomplished some progress. For instance, we elaborated a policy for the purchase of more economical air tickets between Chibougamau and Montreal; we renewed our contract with the Agence Soleil d'Or which gives us an attracting rebate on their services; a new agreement was set with Saguenay Oxygene in order to scale-down the stock of oxygene carboys in Waswanipi and Mistissini. Nemaska benefits from a similar agreement with Acklands company in Val d'Or.

An important contract (228 000 dollars) with the Chibougamau Hospital was under negotiation at the end of the financial year. We experienced no serious problem in this regard for 1988-1989. The following precise objectives are set.

1. To set Inland LCSC's purchase procedures.
2. To set a permanent inventory system for the entire Inland territory.
3. To ensure the adequate distribution of purchases done in Mistissini.
4. To set and keep up-to-date an inventory of all the CBHSSJB's links in the three communities.
5. To participate in the implementation of the health and social services in the future community of Oujebougoumou.
6. To adapt all the CBHSSJB's procedures to the Inland LCSC.

2. AUXILIARY SERVICES

Emergency transportation

Mistissini's ambulance service was set up in May 1987. The ambulance itself was bought thanks to the contribution of the population of Mistissini and particularly of the local Lions Club. Seven ambulance men trained from March to May 1987 according to the criteria set by the Government of Quebec ensure the service in Mistissini.

In Waswanipi, the contract between the Bérubé company of Chapais, the RCHSS of Saguenay Lac St. Jean and the CBHSSJB expired together with the financial year 1987-1988. The Waswanipi Band Council and the Waswanipi Development Corporation expressed their will to takeover the service in Waswanipi, so talks are presently under way in order to set the problem and find a final solution. Since April 1st 1988, the CBHSSJB is the one which ensures the service.

The objectives for 1988-1989 include the consolidation of our achievements as regards human resources by developing a programme of on-job training intended for the technicians of both communities, and to set up a continuous follow-up of material resources so that to ensure the security of operations. In the summer of 1988, the CBHSSJB will install a radio system inside the ambulances and a remote alarm system in each community in order to make services more available.

Elective transportation

The transport of beneficiaries from Waswanipi and Mistissini to Chibougamau is running smoothly and steadily improving. The two vehicles used travelled about 170 000 kilometers between both communities and Chibougamau. Some 1680 beneficiaries and 250 CBHSSJB's employees and/or visitors used this service. Though on a smaller scale, transport by road of beneficiaries from Nemaska has its raison d'être, especially since the building of a bridge on a branch of Champion Lake. Air transportation is more important, relatively speaking, in Nemaska.

Air transportation is important between Chibougamau and Montreal, Val d'Or, Nemaska and other communities. Some 480 beneficiaries took the plane in Chibougamau. At the end of the financial year, we bought more than a hundred plane tickets with a 25% discount in order to reduce our costs.

In 1988-1989, we would like to improve the security as regards road transportation. Thus our drivers will follow safe driving lessons, vehicles will be equipped with first aid kits, and a communication system between drivers and clinics will be installed in the summer of 1988.

3. RECEPTION, COMMUNICATION AND SECURITY

This department experienced its most important changes at the end of the financial year. On March 17th 1988 was installed in Mistissini a new telephone system which eliminated several problems caused by the overloading of the push-button system. We were then able to eliminate the twelve phone numbers previously used to have only one through which you can now reach anyone of us in Mistissini. A printer integrated to the system will allow us from now on to better control expensive long distance calls. The remote alarms will be integrated to the telephone system in the summer of 1988.

In Waswanipi, the telephone system has also been changed for a modern one. Confidentiality of the calls is now assured since they are only sent to the concerned department (Health or Social).

As regards security, fire alarms were installed at Waswanipi and Nemaska clinics. The timeworn heating system of the old Mistissini clinic was changed for an electric one. The maintenance and supervision contract for the alarm system and the electric installation of Mistissini's buildings was reviewed and corrected. Visits were organized for the security chiefs of Mistissini and Waswanipi and their recommendations were implemented. A close collaboration has been established with them in order to ensure the security of beneficiaries and employees.

In 1988-1989, close relations will be established with the security chief in Waswanipi. Installation of emergency generators in Waswanipi and Mistissini will be considered.

4. HEALTH SERVICES

In 1987-1988, the Health Services had to take up a great challenge: to implement the new administrative decentralization as well as regards the individual and group professional behaviours than the general policy of a LCSC which must promote. the prevention activities by:

- intensifying community health programmes and by taking into account the priority set by the Ministry like S.T.D. and mental health;
- taking over the disadvantaged target groups like youths and senior citizens (home cares);
- continuing the public health programmes (tuberculosis, vaccination).

Indeed, this provoked structural change had to be matched with great efforts to make health professionals of all levels aware of the new realities.

Besides, the new administrative team created at the end of July 1987 became functional only in September 1987; it's thus too soon to state clear conclusions.

The triennial planning was used to state clear objectives in line with the new approach. The new orientations defined, based on the general policy of the CBHSSJB, constituted the starting point from which were developed all the health activities:

- implementation of a community health perceived through the global health concept and the holistic approach of beneficiaries;
- actualization of the multidisciplinary approach and of team work;
- beginning of the decompartmentalization of the various health services.

These activities led to a schedule of periodical meetings and to frequent and regular visits in the communities.

The bottom line, which cannot be quantified yet significative, reads as follows:

- A better integration of the CHR now fully part of the health team.
- A better communication between the various services (social, dental, NADAP, etc.).
- A more active participation with the local committees (health, band councils, PHO, schools).
- More productive work with Montreal DSC.
- Active implication with visiting interveners (specialists, researchers, programme evaluation).
- Better public information on health through audiovisual material, radio broadcasts, folders.

We tried to keep carrying out these activities although much attention was paid to the following priority-files.

Human Resources

1987-1988 highlights:

- Rise in the turnover rate of the nursing personnel which will be of 80% at the end of 1988.
- Difficulties to recruit.
- Hiring of untrained and unexperienced personnel.

STATISTICS - INLAND L.C.S.C.

Total of opening days of replacement

from 07/01/87 to 01/30/88 Communities and sectors	TOTAL SICK LEAVES	TOTAL SORTIES	TOTAL REPLACEMENT VACANT POSITIONS	TOTAL TRAINING	TOTAL SPECIAL LEAVES	TOTAL DAYS OF REPLACEMENT
Mistissini	Ag.11 DT.2 LCSC. 68 Dt. 9	Agencies - LCSC. 11 Dt. 2	--	Agencies - LCSC-5 Dt2	--	95 Dt. 15
Waswanipi	Agencies - LCSC --	Ag.33 Dt.4 LCSC. 27 Dt. 2	Ag.52 Dt.9 LCSC.37 Dt. 4	Ag.10 Dt.1 LCSC --	--	159 Dt. 20
Nemaska	Agencies - LCSC --	Ag. 8 Dt.3 LCSC. 41 Dt. 4	Ag.28 Dt.2 LCSC. 46 Dt. 8	Agencies - LCSC. 4 Dt. 1	Agencies - LCSC. 7 Dt. 1	134 Dt. 19
Total all Communities	TT. Ag. 11 TT. Dt. 2 TT.LCSC-68 TT. Dt. 9 TT.Gen. 79 Dt. 11	TT. Ag. 41 TT. Dt. 7 TT.LCSC-79 TT. Dt. 8 TT.Gen.120 Dt. 15	TT. Ag. 80 TT. Dt. 11 TT.LCSC-83 TT. Dt, 12 TT.Gen.163 Dt. 23	TT. Ag. 10 TT. Dt. 1 TT. LCSC-9 TT. Dt. 3 TT. Gen.19 Dt. 4	TT. LCSC-7 TT. Dt. 1 TT. Gen. 7 Dt. 1	388 Dt. 54

* Dt.= Days of Travel   Ag.= Agencies   TT.= Total

So, on a period of seven (7) months, 388 opening days were done by replacing personnel.

Rise in the personnel turnover, either in absolute and relative value, was experienced at the Inland LCSC.
1981: 37,5%   1982: 43,75%   1983: 51,9%
1985-1986: 68,7%   1986-1987: 61,11%
Resignations in 1987: Mistissini 1   Waskaganish 2   Nemaska 2   TOTAL: 5
Turnover rate for 1987:   71%

Corrective measures taken:

- **A recruiting officer hired by the CBHSSJB (June 13th 1988).**
- **Submission to the Ministry in January 1988 of a training plan prepared by Peter Atkinson.**
- **Native nurses training starting in autumn 1988.**

Community health

Two problems required a prompt intervention.

Waswanipi	Epidemic of gastroenteritis (around forty declared cases) which necessitate the intervention of the DSC, of the agent of community health programmes and the visit of an epidemiologist.
Mistissini	Reappearance of tuberculosis with the identification of three active cases. Intervention of the DSC, implementation of the programme, survey of 300 contacts. Organization of refill TB clinics: over 200 beneficiaries under INH.

Besides, new health activities were organized in 1987-1988:

- Improvement of the services provided to the population with the increase in the number of specialists and the frequency of their visits, notably:
  - a specialist of diabetes;
  - a ear, nose and throat specialist doing consultations and minor surgery (myringodectomy and tympanoplasty) on a regular two month basis at the Chibougamau Hospital since June 1988.

PROFESSIONAL SERVICES

- RISE IN THE NUMBER OF SPECIALISTS
- RISE IN THE FREQUENCY OF SPECIALISTS' VISITS

Present situation 1986-87-88

1 /Y - Endocrinologist
1 /Y - Diabetes spec.
3 /Y - Internal med.
4 /Y - Psychiatrist
2 /Y - O.R.L. (+ surgery)
1 /Y - Ophthalmologist
4 /Y - Pediatrician
2 /Y - Orthopedist

In 1983, only 1 visit/Y psychiatrist. Rise in the number of specialists' visits in 5 years: 180% , for a total of 18 visits by 8 specialists.

This rise in the number of visits is a results of the rise in the number of specific health problems experienced in the communities, particularly Mistissini.

- Number of diabetics over the normal average.
  119 to follow up each month
  15 to follow up each 15 days
- Rise in the chronic diseases clinics.
  HBP: 95 each month cardiac failures: 20
  Renal problems: 11 each month
  Congenital hepatic cirrhosis: 3 each month
  Thyroids: 30 each month Epilepsy: 6 each month
- Since 1983, 50% rise in the number of HBP and gestational diabetes.
- Tuberculosis: 3 active TB, over 300 cases to investigate.

The improvement of the services provided to the population provoked a steady rise in the number of elective transfers.

COMPARISON OF THE NUMBER OF ELECTIVE TRANSFERS FROM NEMASKA

NEMASKA	Emergency	Medivac	Elective
1985		34	54
1986	35	19	159
1987 (1)	31	10	101

(1) Incomplete data.

MISTISSINI

Statistics unavailable. Approximate data for 1987-1988.

Number of elective appointments in Chibougamau:
about 110 beneficiaries a month.

Number of elective appointments in Val d'Or and Montreal:
about 40 beneficiaries a month.

Total number of transfers:
from 150 to 160 beneficiaries a month.

WASWANIPI

The provision of health services suffered again from the important turnover of the nursing personnel until the end of January. With a new experienced team since February, a restructuring of the chronical clinics and of the material organization took place.

- Listing of all beneficiaries suffering from a chronical problem (diabetes, HBP, heart diseases, etc.).
- Updating and filing of the medical charts.
- Complete restructuring of the pharmacy and medical supply system.

However, 90% of cases are still curative. Here is, in order, a list of the most common health problems.

1. Adult pneumonia
2. Infant respiratory problems
3. Abdominal pains to investigate
4. Various accidents
5. Risky pregnancies
6. HBP and diabetes complications
7. Serious gastroenteritis
8. Cerebral and vascular accidents
9. Serious skin problems

This restructuring could only be continued with the sufficient human resources. A full time physician and two CHR are required to conduct structured prevention activities and to reinforce a weak socio-sanitary structure.

Specialists' visits should be organized in Waswanipi just like in Mistissini.

This will have to be planned in 1988-1989 together with the local health organizations.

1988-1989

All these screening, control, and preventive activities should reverse in a more or less near future the curative/preventive ratio, curative still being for the moment the common denominator in all communities.

The year 1987-1988 was for the Inland LCSC a kind of transition towards a further development of community health activities.

Mistissini will still be our priority for 1987-1988 with the opening of the polyvalente. Only the submitted project of a multidisciplinary team will allow us to takeover this young target group.

Presently, the clinics only have a reduced personnel just able to provide essential services. The LCSC will only be able to carry out its health activities, specially regarding homecare services and school health, by getting new human resources.

The nativization of the services must be implemented as regards the CHR priority file whose fundamental role in the communities is obvious. The positions requested must be granted and a continuous training provided.

I would also like to stress the importance of the demographic factor. Again, the development of human resources is not in line with the extraordinary population boom experienced in communities like Mistissini.

MISTISSINI

- 49% rise in the native population in 2,5 years.
  Dec 85: 2141 Dec 86: 2373 Dec 87: 2500 Aug 88: 3200
  + 232 (10%) + 127 (5,3%) +700 (+28%)
  A rise of 1059 (near 50%) in 2,5 years.

- Rise in the non-native population (unknown number of construction workers and teachers).

- Rise in number of visitors (tournament, meetings, expositions).

- **ARCHIVES** contain presently around 2900 files.

- Since 1983, the same number of nurses (3) are working in Mistissini. Nurse/population ratio:
  1985: 1/713 1986: 1/791 1987: 1/833 1988: 1/1066
  for a rise of 49,5% (50% if we include non-natives).

So an adjustment is imperative in 1988-1989.

A. Gendron

5. SOCIAL SERVICES

A bit of history

July 1987

Appointment of the Social Coordinator.

Discussions start with community workers staff in order to determine who will be assigned to LCSC and SSC programmes.

October/November 1987

Decision of the CBHSSJB's Internal Management Committee to allow at least one (1) community worker for each entity (SSC and LCSC) in each community.

Positive output expected:

More 1st line counselling interventions within the LCSC's mandate by having its own staff.

Preventive and community organization programmes to be planned as a LCSC's distinct mandate, according to budget available.

November 1987

Community workers are assigned to Mistissini and Waswanipi SSC and LCSC (two community workers were already working for Social Services at both places). (Nemaska: new job opening - the LCSC community worker started February 22nd 1988 only).

Revision of all files by Social Services` staff (SSC and LCSC). Discussions and evaluations led to the closure of files and remaining active files were distributed according to SSC's and LCSC's programmes.

The following table shows the status of active files at LCSC's Social Services for the period November 1987-March 31st, 1988.

NOTES

1. The following statistics state the number of active files and of beneficiaries involved. For instance, a family counselling file may require the provision of additional services to few children.

2. "Couple counselling" files are listed under "family counselling".

3. "Homecare services" files in Mistissini, all represent "elders` homecare services".

4. Some "homecare services" files have been kept open even if homecare services were not provided on a regular basis every month (fluctuation). Counselling services were provided regularly, though (Mistissini).

5. School social services` referrals are included in youth counselling.

Active files at LCSC and SSC as of November 1987:

LCSC: (After 7 closures and 4 openings)	Counselling:	24
	Homecare services:	12
	TOTAL:	**36**
SSC:	Youth protection:	11
	Young offenders:	14
	Foster placements:	10
	TOTAL:	**35**

Number of active files per activity centre, month and community and number of beneficiaries concerned (November 1987 to March 1988)

Activity Centers	Nov.1987 Active F./ Benef.	Dec. 1987 Active F./ Benef.	Jan. 1988 Active F./ Benef.	Feb. 1988 Active F./ Benef.	March 1988 Active F./ Benef. (Revision)
MISTISSINI					
Youth Counselling	8/8	8/8	7/7	7/7	3/3
Adult Counselling	7/7	7/7	7/7	7/7	4/4
Family Counselling	9/34	9/34	9/34	9/34	8/32
Homecare Services (& counselling)	12/12	12/12	12/12	12/12	12/12 (1:Nemaska)
TOTAL:	36/61	36/61	35/60	35/60	27/51
WASWANIPI					
Youth Counselling	10/10	14/14	14/14	16/16	13/13
Adult Counselling	2/2	2/2	2/2	3/3	4/4
Family Counselling	6/14	6/14	6/14	6/16	11/36
Elderly Counselling	1/1	1/1	2/2	2/2	1/1
Homecare Services:					
Adults:	3/3	3/3	3/3	3/3	4/4
Elders:	6/6	6/6	6/6	6/6	8/8
Family:	1/6	- -	- -	- -	- -
TOTAL:	29/42	32/40	33/41	36/46	41/66
GRAND TOTAL: (Mistassini & Waswanipi)	65/103	68/101	68/101	71/106	68/117
NEMASKA	Community worker (LCSC) on the job since Feb. 22/88 only.				
Youth Counselling	- -	- -	- -	2/2	2/2
Adult Counselling	- -	- -	- -	3/3	3/3
Family Counselling	- -	- -	- -	5/11	5/11
Elderly Counselling	- -	- -	- -	2/3	2/3
Homecare Services:					
Elders:	- -	- -	- -	1/1	1/1
TOTAL:	- -	- -	- -	13/19	13/20
GRAND TOTAL: (3 communities)	- -	- -	- -	84/125	81/137

Management

Beginning of the triennial programming.

Main objectives:

To precise the Inland LCSC's mandate (1st line interventions, prevention and community organization if more personnel is allocated).

To allocate specific personnel for LCSC's interventions.

Strengthening of LCSC's community workers team (consultation and choice made by present personnel in Mistissini and Waswanipi; new position in Nemaska starting February 22nd, 1988).

Writing of a document on the SSC - LCSC sharing and its consequences on the provision of social services.

- Procedure on the evaluation and orientations of cases.
- "Evaluation and Orientation Committee".
- Information tour in all the communities.

Job descriptions in line with community workers' and homecare workers' tasks and responsibilities.

Setting of a basic statistical data gathering system where there was none before.

Budget

Consolidation of LCSC's social services budget.

Minimum budgetary requests:

- More homecare services in Mistissini.
- One additional community worker position in the multidisciplinary team for the Mistassini School (September 1988).

Special files

Service contract with Chibougamau Cree School Board: support and counselling provided to students in Chibougamau coming from Mistissini and Waswanipi in order to solve problems Student Aid technicians are unable to cope with and prevent expulsions. Services are provided by the community worker of Mistissini LCSC. Implementation problems: lack of time, too far for the day-to-day counselling often required. Diminution of the number of references.

"Elders" file:

1. Creation of a "Old Age Home" for 4 or 5 elders in Mistissini (more homecare services needed, lack of personnel).

2. Discussion with the SSC (non institutional resources) on the status of the project: "old age home" or "special foster family"?

3. Writing of a questionnaire on elders' psycho-social needs and beginning of the interviews.

Supervision and training (professional services)

Global revision of SSC's and LCSC's files when the sharing occurred (November 1987).

Periodical revisions.

Supervision of community workers on a regular basis (visits, phone calls).

Community workers' responsibilities regarding homecare services (evaluation of the needs, work schedule, moral support attitude to develop with elders).

Basic training of community workers (on the job training: how to approach beneficiaries, evaluation of cases, counselling technique, etc.).

NOTES

> Community workers are waiting for an adequate training promised a long time ago.
>
> Homecare workers of both LCSC will be trained in a near future.
>
> A statistical data gathering system could have allowed us to count LCSC's interventions. We are presently studying such a statistical form. See Planning, Programming and Research Services in this regards.

Michel Raiche

6. MAINTENANCE AND REPAIR OF BUILDINGS

Nemaska

The Nemaska Band Council conducted works at the clinic: every room was painted and repairs were done.

Mistissini

Renovation of the ambulance garage started: it was enlarged and the interior received a coat of paint.

1988-1989

The interior and exterior renovations of the Waswanipi clinic which started several months ago will be concluded. In the spring of 1988, the outside of the Mistissini clinic will be painted and, during the same year, outside and inside walls of the apartment building will be brighten up.

PLANNING, PROGRAMMING, RESEARCH, COMMUNICATION AND GENERAL SECRETARIAT SERVICES' ACTIVITY REPORT

PLANNING, PROGRAMMING, RESEARCH, COMMUNICATION AND GENERAL SECRETARIAT SERVICES

INTRODUCTION

The restructuring of the Cree Board was the occasion to create the Planning, Programming, Research, Communication and General Secretariat Services. Some will recall that these services were cancelled in 1984-1985 as part of budgetary restraints. Because of their reestablishment, the Cree Board can now fully assume its mandate as regards regional planning, programming, research and communication as stated in the Act respecting health services and social services (S-5) and its by-laws pertaining to the RCHSS's role.

The team

Helen Bobbish-Atkinson	Information officer
Rena Matthew	Executive secretary
Hermes Cornejo	Community Health Programming Officer
André Guertin	Translator
Richard St-Jean	Director

The mandates

Planning

- To state regional orientations and priorities.
- To keep up-to-date the statement of regional needs.
- To elaborate the sectorial regional plans centered on the clienteles.
- To provide the MHSS with a list of regional needs and this, on an annual basis.

Programming

- To ensure the complementarity of the Establishment's services.
- To analyze improvement or development requests received from the various services.
- To collaborate in determining the Establishment's vocation.

Research

- Socio-sanitary researches.
- Evaluations of results and of effects on the different clienteles.
- Evaluations of the various services and programmes.

Communication

- Public information sessions.
- Management of the Documentation Centre.
- Management of audio-visual material and equipment.
- Publications of the CBHSSJB. .
- Summary Activity Report.

General Secretariat

- Management of CBHSSJB's Policies and Procedures manuals.
- Upgrading information regarding acts and regulations.
- Archives of the CBHSSJB.

PLANNING SERVICE

Several files were submitted to this Service when it came to develop or to evaluate specific activities at the CBHSSJB. They pertained as much to the functioning of our organization as to the identification of our clientele's needs. The most important files either brought to an end or still active are the following:

- Procedure on the annual evaluation of programming: the Term Report.
- Production of the 1986-1989 Triennial Programming for the Planning, Programming, Research, Communication and General Secretariat Services.
- Policy on the professional integration of employees.
- Policy and Master plan on senior citizens of Region 10-B.
- Production of the Medical Manpower Plan.
- Functional plan of the future clinic in Whapmagoostui (in preparation).
- Establishment of the Committee on Computerization in order to finalize the Master plan on the computerization of the CBHSSJB.
- Analysis of the personnel turnover rate at the CBHSSJB.
- Participation in the Planning Director's Table (Conference of all the RCHSS, Quebec City).
- Production of the document "A Challenge Not To Be Ignored" on the general orientations and general objectives of the CBHSSJB's 1986-1989 triennial programming.

- Gathering of statistic data on SSC's clientele and services (1987-1988) to be used in a later comparative analysis.
- Policy on computerization.
- Policy on youths from 0 to 18 years old (in preparation).
- Production of the summary report (1986-1987) on the triennial programming (1986-1989).
- Preparation of a tentative agreement between the Cree Board and the Northern Quebec Module (DCH-MGH) on the services required by the law (S-5) (in preparation).

1988-1989

In addition to the finalization of active files, the new year will bring us new matters to ponder on. The most important are:

- Master plan on youths from 0 to 18 years old.
- Policy on mental health.
- The regional services plan.
- Functional plan of the future clinic in Oujebougoumou.
- Policy and master plan on home care services.
- Analysis of data on foster families (from 1984 to 1988) in order to develop new intermediate resources.
- Assessment of the triennial programming (1986-1989) of our services and preparation of the new programming (1989-1992).
- Preparation of the master plan on the CBHSSJB's information systems.

PROGRAMMING SERVICE

The Programming Service is mainly directed towards the devising, the implementation, the support and the evaluation of specific activity programmes at the Cree Board. Like the Planning Service, it offers consulting services to the Cree Board's centres (HC, LCSC, SSC, Board of Directors) either to develop or evaluate programmes designed for our specific clienteles.

At the community health level, the Northern Quebec Module (DCH-MGH) assure us a fundamental support. But when it comes to social services, the lack of financing for the position of a programming officer for social services impedes us from truly actualizing this important dimension of our services to the population. During the next year, we will try hard to fill this position by convincing the Ministry of its need.

COMMUNITY HEALTH COORDINATION AND PROGRAMMING

During the year 1987-1988, we continued the evaluation of the community health programmes implemented in the eight communities. In each Cree community the population was consulted regarding the various community health projects and programmes.

The team which organizes community health programmes (the community health programmes coordinator, the dietician and the dental hygienist) continued to support the various community health interveners.

Two community health training sessions were conducted for the community health representatives (CHR) in July and November 1987. Such a training-information session was also held in November for the nurses in charge of the community health clinics of the two LCSC of the territory.

We continued to work in close collaboration with the Northern Quebec Module of the Community Health Department of the Montreal General Hospital and the Ministry of Health and Social Services to realize several research projects in the field of community health.

The following pages contain a summary of the activities carried out at the community health level for the 1987-1988 period.

I. BREAKDOWN OF TOTAL NUMBER OF CONSULTATIONS PER TYPE OF CARES AND VILLAGE, APRIL 1ST, 1987 - MARCH 31ST, 1988

TYPE OF CARES	CURATIVE		COMMUNITY HEALTH		TOTAL	
Village	N	%	N	%	N	%
Whapmagoostui	4246	72.4	1618	27.6	5864	100
Chisasibi	17826	74.8	6001	25.2	23827	100
Wemindji	5426	67.7	2585	32.3	8011	100
Eastmain	2550	67.4	1233	32.6	3783	100
Waskaganish	9331	77.9	2648	22.1	11979	100
Nemaska	3490	70.9	1433	29.1	4923	100
Mistissini	14173	73.2	5176	26.8	19349	100
Waswanipi	5709	74.9	1918	25.1	7627	100
TOTAL	62751	73.5	22612	26.5	85363	100

Source: Socio-sanitary File, Region 10-B, April 1st 1987 - March 31st 1988 (Units of Measure Sheets, CBHSSJB).

Note: 26.5% of the total number of consultations in Region 10-B were pertaining to community health programmes; this proportion is slightly lower than the one determined last year (30%).

II. FIRST AID PROGRAMME (BUSH KIT)

During the summer of 1987, 10 Bush Kit instructors received relevant training in Chisasibi.

Ninety-three (93) persons in charge of first aid were given the course in the eight Cree communities.

PARTICIPATION OF VILLAGES IN THE BUSH KIT PROGRAMME

Village	1983	1984	1985	1986	1987
Whapmagoostui	11*	15	18	22	26 (17)**
Chisasibi	6	8	12	17	20 (38)
Wemindji	9	13	13	13	13 (20)
Eastmain	14	15	15	15	15 (15)
Waskaganish	0	7	9	15	19 (16)
Nemaska	0	1	10	12	17 (18)
Mistissini	0	5	16	26	40 (98)
Waswanipi	0	8	14	14	14 (51)
Total	40	72	107	134	164 (273)
Number of kits in circulation	65	97	132	150	185

Source: CBHSSJB
* : Number of camps with a person in charge of the Bush Kit
** : Number of trapping areas

Number of calls from the bush and rate of medical evacuations in comparison to patients treated with the first aid kit (Bush Kit), per community. April 1st 1987 - March 31st 1988.

COMMUNITY	Number of calls (health problems)	Number of persons treated in the bush with the Bush Kit	Number of calls requiring a medical evacuation
Whapmagoostui	104	95 (91.3%)	2 (1.9%)
Chisasibi	59	48 (81.3%)	6 (10.1%)
Wemindji	45	35 (77.7%)	1 (2.2%)
Eastmain	34	28 (82.3%)	2 (5.8%)
Waskaganish	42	25 (59.5%)	8 (19%)
Nemaska	25	13 (52%)	10 (40%)
Mistissini	89	68 (76.4%)	11 (12.3%)
Waswanipi	13	8 (61.5%)	4 (30.7%)
Total n	411	320	43
%	(100%)	(77.8%)	(10.4%)

Source: Bush Call Log Sheets, April 1st 1987 - March 31st 1988

III. MOTHER AND CHILD HEALTH

Breakdown of Mother and Child Health Programme consultations, per community, April 1st 1987 - September 31st 1987.

Community	M.C.H. n	M.C.H. %	Total # consul. in comm. health
Whapmagoostui	213	23.9	892
Chisasibi	1348	45.0	2997
Wemindji	324	24.0	1350
Eastmain	111	16.7	666
Fort Rupert	507	36.1	1406
Nemaska	253	34.1	743
Mistissini	732	26.1	2805
Waswanipi	222	18.9	1175
Total	3710	30.8	12036 (100%)

Several activities are presently going on in order to improve the Mother and Child Health Programme:

1) Review of the protocol "General Measures regarding Vaccination".

2) Review of the sheets pertaining to the infant and preschool age children clinic.

3) Evaluation of the programme (infant mortality 1985-1987, breastfeeding rate, rate of pregnant adolescents 1985-1987, immunization rate, implementation of the programme in the communities, etc.).

IV. SCHOOL HEALTH

School health was the dominant community health activity centre in 1987-88.

The rising incidence of sexually transmitted diseases and their complications among the 15 to 25 age group motivated us to offer teachers of the French sector in secondary schools of the territory a supplement to the guide of activities called "Sex Education" within the Personal and Social Education Programme (PSEP).

This document is on prevention of STD and contraception.

In addition to the school programme, we implemented, in collaboration with the Northern Quebec Module, a programme on the prevention of sexually transmitted diseases on the entire Cree territory. The activities realized in 1987-1988 are:

1) Two training sessions on the prevention of STD and AIDS intended for the nurses, physicians and community health representatives (CHR) of the whole territory.

2) Implementation of the programme "Sex Education" (STD and contraception) in the French sector of the secondary school of the territory, December 1987.

3) In collaboration with the Northern Quebec Module, meetings with different interveners of the eight communities (band councils, health committees, parents' committees, schools and CHR) to invite them to participate in the communication-information-prevention campaign on STD and AIDS in August 1988.

The activities to organize as regards sexuality in 1988-1989 are:

1) Information campaign on the whole territory (August 1988).

2) Implementation of the programme (Sex Education) in the English sector of the secondary school of the territory in September and October 1988.

3) Protocol for the diagnosis and treatment of STD intended for the nursing and medical personnel of the region (May-June 1988).

V TUBERCULOSIS SCREENING AND PREVENTION PROGRAMME

In 1987-1988, 5 new active tuberculosis cases have been reported on the territory.

In 1986-1987, none was reported.

Several activities took place in 1987:

1) Evaluation of the programme on the territory, April 1987.

2) Revision of the tuberculosis surveillance protocol, April-July 1987.

3) Implementation of the new tuberculosis surveillance protocol, September 1987.

Participation of the population in the mass tuberculosis screening Cree communities of James Bay, 1987.

Community	Target-population	Pop. reached	% participation
Whapmagoostui	17	12	70.5%
Chisasibi	73	68	93.1%
Wemindji	27	16	59.2%
Eastmain	16	10	62.5%
Waskaganish	79	62	74.4%
Nemaska	15	13	86.6%
Mistissini	90	77	85.5%
Waswanipi *	428	225	52.5
Total	745	483	64.8%

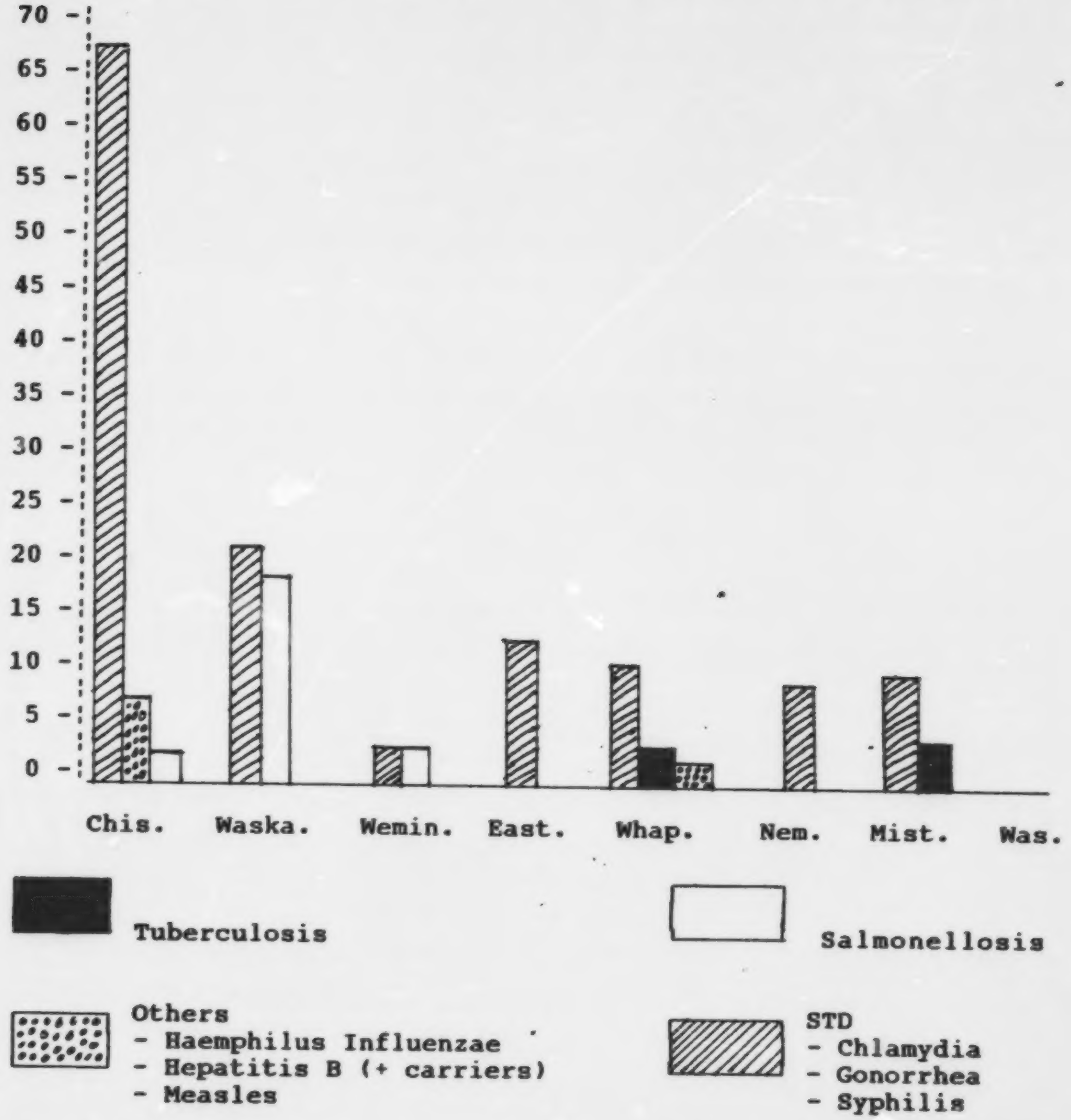
* In 1987, the target population was changed. Among the 15 to 35 age group, screening was performed only on those who had no PPD since 1981 or before and whose PPD was negative before 1981. Kindergarten children and students at the beginning of secondary school were added to the target population.

* In Waswanipi, the target population encompassed all people from 15 to 35 year old who never had a positive PPD.

VI Declaration of infectious diseases on the Cree territory

In the field of reportable diseases, 1987 has been characterized by an increase in active tuberculosis and salmonellosis cases in comparison to a decrease of hepatitis B and gonorrhea cases.

Total number of infectious diseases observed in each community, per month, April 1987 - March 1988.



NB: Patients from Waswanipi and Mistissini more often go to the Chibougamau Hospital when they have a STD problem.

VII AUDIO-VISUAL AND EDUCATIONAL MATERIAL

Several videotapes on STD and AIDS are available in Chisasibi and 3 videotapes were distributed to schools.

Thanks to a subsidy within the project "Identification of Communication Needs" of the Ministry of Health and Social Services, we realized a video on the Bush Kit programme in Chisasibi.

The subsidy we requested for two other community health projects was also accepted. The following projects are thus under way:

1) Cree Cookbook (1987-1988)

2) Poster on STD and AIDS adapted to the native population (1988-1989).

VIII VACCINATION AGAINST INFLUENZA PROGRAMME

This programme is aimed at everyone aged 65 and over as well as children and adults suffering from a chronic respiratory, cardiac, renal, metabolic, haematological or immune deficiency.

The following chart reports the evaluation of the vaccination against influenza programme in each community during 1987.

Community	Target-population	No. immunized persons	% of participation
Whapmagoostui	37	22	59.4%
Chisasibi	138	118	85.5%
Wemindji	48	48	100%
Eastmain*	33	10	30.3%
Waskaganish	59	45	76.2%
Nemaska	19	19	100%
Mistissini*	128	20	15.6%
Waswanipi*	80	18	22.5%
Total	542	300	55.3%

NB: * Since vaccines are not available before November, we do not have a good coverage of these communities because people have already left for the bush by this time.

IX LIST OF COMMUNITY HEALTH STUDY, INTERVENTION AND ANALYSIS PROJECTS FOR REGION 10-B, 1987-1988.

In respect to research on Cree Indians, 4 projects were subsidized by the Ministry of Health and Social Services and carried out in collaboration with the Northern Quebec Module of the Department of Community Health of the Montreal General Hospital:

1. Evaluation of the Bush Kit programme, second part.

2. Evaluation of the Community Health Representatives (CHR) programme.

3. Prevalence of tobacco among Cree students and evaluation of an education guide intended for them.

4. Devising of an intervention model for the promotion of exercise among Crees.

List of achievements in programming and of community health documents realized from April 1987 to March 1988.

Document	Resource	Deadline
New "Tuberculosis Surveillance Protocol"	CBHSSJB/Quebec Northern Module	August 1987
"Nutrition Education" programme adapted to the native population	CBHSSJB	September 1987
"Sex Education" programme (STD and contraception, French version	CBHSSJB	September 1987
Programme for the prevention of STD on the whole Cree territory	CBHSSJB/Quebec Northern Module	March 1987
English Version of the "Sex Education" programme	CBHSSJB	March 1988

THE MERCURY PROJECT

Under the La Grande Agreement signed in 1986, the Cree Board has the mandate to implement health activities which can protect the population against any mercury intoxication caused by the James Bay hydroelectricity project. An amount of 4,1 million dollars (annualized) spread over ten years should allow the Establishment to implement health services, programmes, researches and promotions in order to control the negative effects of this phenomenon on our population's health.

The project started in 1987-1988. This year was mainly spent on the administrative organization of the project, while some activities were directly aiming at mercury surveillance (see next pages).

Despite the lack of financing from the MHSS, the Cree Board proceeded to the implementation of its mandate using its own operating funds. The recruitment of personnel, purchase of equipment, field activities, etc. were efficiently performed despite the usual difficulties to start such a project of regional importance.

Work in 1988-1989 will still be oriented towards the initial objectives. While continuing surveillance activities (e.g. collecting of hair samples), a special attention will be paid to communication of information to the population (health promotion schemes, August 1988 Symposium, etc.). Moreover, several new research projects will improve our knowledge of the mercury problem and of its effects on health.

So the Cree Board will proceed progressively and efficiently in order to be sure that each activity and each budget outlay improve significantly our population quality of life.

Activities related to the Mercury Project in 1987-1988

In November 1986, the Grand Council of the Crees, the Government of Quebec and Hydro-Quebec signed an agreement on mercury. The agreement stipulates that the Cree Board of Health and Social Services must monitor Crees' exposure to methylmercury and conduct researches on its toxicity.

Even if some mercury surveillance activities were organized before, the Cree Board of Health and Social Services only took over the management of the mercury project, in conformity with the Agreement, in 1987.

M. Richard St-Jean ensures the administrative management of the project, while D^r Charles Dumont is in charge of the scientific aspects. In order to assume the obligations staten in the Agreement, the Cree Board hired some new personnel: a coordinator to help the community health representatives in their work on the mercury project, a secretary for the scientific management in Montreal, and tried to find a computer operator to accelerate the analysis of the data.

The community health representatives attended a course on mercury while still in training and received further training from the coordinator of the mercury project.

New premises were found in Chisasibi and the Community Health Department of the Montreal General Hospital made available some space for the analysis done in Montreal.

The Cree Board also bought some computer material, since analysis were until then performed on the personal equipment of those working for the mercury project. These are two Macintosh computers (Mac II and Mac SE), two printers (ImageWrite II and ImageWriter LQ), an IBM accounting card and other accessories, while softwares like Excel, Word, StatsView, Microphono, and Criket Graph were also bought. New office furniture is ordered but not yet received.

Following informal encounters between the health personnel and various persons from the James Bay territory, it became obvious that people had many questions pertaining to mercury. In order to supply the adequate answers, meetings were organized in some villages between certain officials and people working on the mercury project.

Whapmagoostui, Chisasibi, Wemindji and Waskaganish Band Councils and employees from the one in Waswanipi were met. A public meeting was organized in Mistissini but had little success because it was held at the time of an important religious gathering.

At these meetings, partial results of preceding years on the methylmercury exposure of people from the village were explained and commented. We tried to answer all the questions asked and, even if some interrogations remained, participants seemed to appreciate what they heard.

At meetings with band councils, the evolution of mercury exposure was explained together with its causes, its risks and the ways to prevent it.

In Chisasibi and Wemindji, the CHR and D^r^ Dumont spoke of mercury on the radio. In Chisasibi a talk was followed by a hot line, while in Wemindji an overview of the situation was presented. In both cases the CHR acted as an interpreter.

This year the Cree Board of Health and Social Services prepared together with Hydro-Quebec and the Regional Cree Authority a new guide on the consumption of fish taking into account the most recent environmental data, specially on the mercury concentrations found in the fish of La Grande River and reservoirs. The previous guide was indeed outdated.

Generally speaking, the James Bay territory has been divided in three zones. The first one, between LG-1 and LG-2, is the most mercury contaminated and fishing of all species is discouraged. The second one, which encompasses LG-2, the South-West of LG-3, Boyd and Sakami Lakes, is less risky and non predatory fish (like white fish) can be eaten while pikes, walleyes, and lake trouts taken in this zone are too much contaminated. The other regions of the Complex, either the James Bay, the other parts of LG-3, LG-4, the Caniapiscau Reservoir and the surrounding lakes present much less danger and no restrictions were recommended except for the consumption of predatory fish by women able to procreate (from 15 to 40 years old).

These recommendations will be showed on a map which is presently with the printers. On one side is the map itself, and on the other the recommendations with a drawing of the most contaminated species. The folder will be distributed to all communities although it is specially intended for Chisasibi and Wemindji.

The analysis were conducted as usual at the Laboratoire de Santé Publique du Québec but, in the past, the process used tend to underestimate the results by a factor of 0,3. We took steps so that the LSPQ ensure a better quality control of the results and compare them with those of other laboratories, notably with the results obtained in the 1970s by the federal laboratory, in order to get a better outline of the evolution of methylmercury exposure these last two decades. The LSPQ controlled its process using a Japanese standard and decided afterwards to change its method. Comparability of results is now more accurate.

The Laboratory undertook the automation of its process and results should be available sooner in the communities.

Because of budgetary restraints, some previous analysis were not conducted systematically and several errors were noticed. The newly hired personnel undertook a screening of the data and more final results should be available in the course of 1988. A statistical analysis, and the development of various data processing programmes which will accelerate it in the next years, have already started.

The Cree Board of Health and Social Services is represented at the Mercury Committee, which sees to the implementation of the Agreement on Mercury (1986), by D^r Charles Dumont. Its meetings are mainly of an administrative nature, but technical decisions are frequently taken. Six meetings were held in 1987, five in Montreal and one in Chisasibi.

First, the Committee clarified the terms of its mandate and then proceeded to an update of the nature and seriousness of the mercury problem.

The Committee sent a scientific mission on environment to Finland and Sweden, organized a research workshop on mercury (environmental facet) and approved two studies on the mercury content of salt water fish in the region of Wemindji and of fresh water fish in some Crees' favorite lakes of the La Grande Complex.

The socio-cultural aspect has been less developed. Mr Alan Penn produced an anthropological report on fishing in Chisasibi, which he wrote in collaboration with Mr Marty Weinstein.

No appeasing measures (except the one mentioned above on environment) have been taken, but we contacted several Cree leaders to encourage them to submit suggestions to the Committee. As regards the health facet, a document describing the mercury problem and the mercury health programme was produced, studied and approved by the committee.

Although 1987 was the first year the Cree Board was directly responsible for the mercury project, many activities were undertaken. Besides the ones previously mentioned, several other activities were launched and will be completed in 1988. They include the analysis of 1987 data, of CHD's data and of others gathered by the Department of Health and Welfare, an advertizement campaign with flyers and posters, etc.

In 1988, the surveillance of the population's mercury exposure will continue eventually with some modifications and concurrently with new special projects. An orientation workshop will be held in August in Val D'Or. We will probably carry on a review of the documentation on the nutritive value of fish together with metabolic researches, and try to determine more accurately the influence of seasons on the mercury exposure.

MERCURY PROGRAMME COORDINATION

The methylmercury surveillance programme has been going on yearly since 1982. The 1987 activities related to the programme were done in collaboration with Dr. Charles Dumont from the Community Health Department of the Montreal General Hospital, Mr. Richard St-Jean, Director of the Research Service at the Cree Health Board, the C.H.R.'s and the medical staff.

The Annual collecting of hair samples took place from August 3rd to September 11th, 1987.

The communities involved in the survey were Whapmagoostui, Chisasibi, Wemindji, Waswanipi, Mistissini and Oujebougoumou. Minimal activities were carried on in the communities of Waskaganish, Eastmain and Nemaska. The 1986 results showed that none of the people tested were exposed to a high concentration of mercury in these three communities. Therefore, no reexamination of these people was undertaken during the annual survey.

The target groups were:
1) all persons over 40 years old,
2) all women of childbearing age (15 to 40 years old).

Emphasis was put on the necessity to follow-up pregnant women at their first prenatal and post-partum visits all year long.

Before the survey, some attempts were made to meet the chiefs and councillors, the Cree Trapper officer, the Public Health officer and the population of each community in order to give them some information about the mercury programme and its purposes, and solicit their help and support during the realization of the project.

For the 1987 survey, a total of 17 persons were hired for the collecting of hair samples (6 CHR and 11 part-time employees).

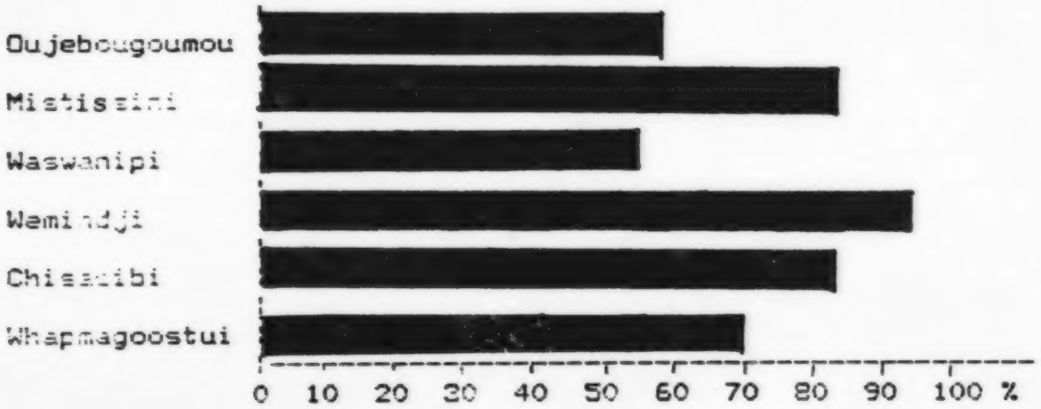
The population at risk was estimated at 3120 persons according to the target groups. So, a total of 2381 individuals were tested, for a participation of 77.6%, an increase of 2.8% comparatively to last year's 74%.

Here are some statistics on the 1987 survey and on the participation of the Cree communities of James Bay in the methylmercury surveillance programme from 1982 to 1987.

Methylmercury Surveillance Programme

1987

% of participation in all six communities



Statistical Summary 1987

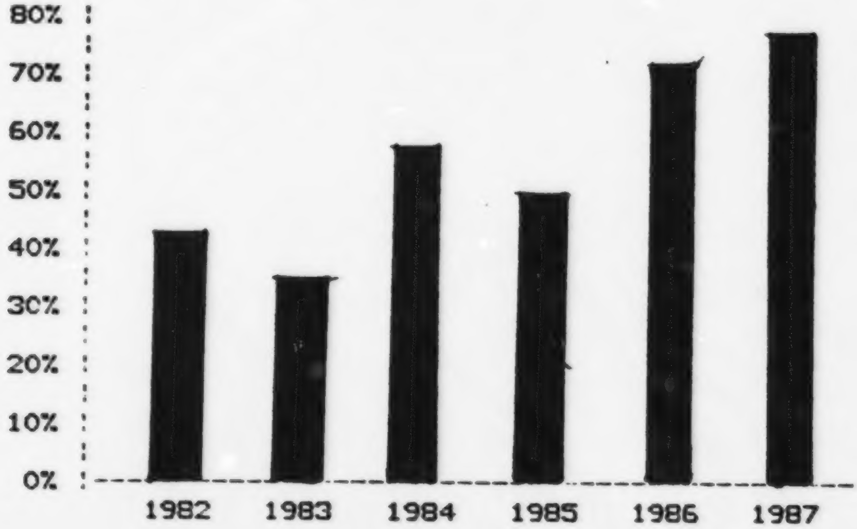
77.6 % of participation among
the population at risk (3120 - 53 deceased = 3067)

Communities	Population at risk	People tested	Refusals	Deceased	Out of town	Did not show up	% of part.
Whapmagoostui	218	153	8	3	13	41	71.1
Chisasibi	965	782	46	24	70	43	83.10
Wemindji	318	294	5	7	3	9	94.5
Waswanipi	461	256	28	6	103	68	56.2
Mistissini	961	784	11	19	132	15	83.2
Oujebougoumou	197	112	3	2	39	41	57.4
TOTAL	3120	2381	101	53	360	217	77.60

Summary of the percentage of participation of the Cree communities in the Methylmercury Surveillance programme from 1982-1987

Year	Communities	People at risk	People tested	% of participation
1982	3	771	310	0.44
1983	8	2586	924	0.36
1984	8	2586	1448	0.56
1985	8	2586	1318	0.51
1986	8	3006	2247	0.748
1987	6	3067	2381	0.776

% of participation from 1982 to 1987



Memos and protocol were sent to each community to notify the health workers of the changes that have eventually occurred in the programme.

The laboratory containers were ordered from the Laboratoire de santé publique du Québec in St-Anne-de-Bellevue.

Several activities were carried on for a better organization and structuring of the programme.

All new nurses working for the Coastal LCSC attended a briefing on the mercury programme before being sent in a community. Eventually nurses working at the hospital should be invited to such a briefing as well. It still has to be planned with the Coordinator of Nursing.

For the 1988 annual survey, we are planning to hire more employees for the communities of Chisasibi and Mistissini.

In June a one-day training session on the mercury programme will be offered to all CHR taking part in the community health training programme at the Chisasibi Hospital.

Presently we are experiencing some delays in the reception of 1987 results. As soon as these will be available, we would like to set up a small stand in each community where people could get their results individually and gather some information on the mercury programme.

One of the objectives of the mercury programme is the production of some educational documents adapted to the native population.

A poster for the use of the mercury programme was completed in May 88. Some audiotapes in Cree and English will be used for advertising and distributed to all communities and C.B.C. North in Montreal.

Later on, we would like to produce a booklet and a videotape giving information on the mercury problem.

A colored map of the James Bay reservoirs realised by Dr. Dumont and Hydro Québec, will be used to identify the different mercury concentration in the various fishing areas.

Once again, the CHR's role in her community is very important because she is an intermediary between the health professionals and the community. She is entirely responsible for the implementation and continuity of the mercury programme in the community.

Our objectives for the next year, beside ensuring that the smooth running of the programme continues, will be to stress prevention because this is the only way to control the methylmercury level in the human body. We are to provide the population with the proper information so that they can make their own judgment about fishing and mercury contamination.

Francine Noël
Mercury Programme Coordinator

RESEARCH SERVICE

The Research Service has been quite productive despite its recent creation (June 1987). The most important event for 1987-1988 was the takeover by the Cree Board of the community health research budget previously managed by the Northern Quebec Module (DCH-MGH). So nearly 80 000 dollars have been added to the Cree Board's global budget. This represents another real takeover by the Cree Board of its mandated responsibilities towards the population of its territory.

In 1987-1988, two studies were conducted as regards the Cree Board's mission. The first one consisted in evaluating the overtime done by the health personnel in 1986-1987 and part of 1987-1988. It allowed us to better understand the phenomenon and to plan the adjustments required in order to ensure the quality of the service offered.

The second study was able to outline the clientele and the services of the Social Services Centre (1986-1987). Thus the most common social problems are now more obvious and, with the analysis of 1987-1988 data, we should be able to adjust for the next five (5) years the social services and programmes of the Cree Board's SSC and two LCSC.

Two research protocols have been elaborated according to our priorities regarding the socio-sanitary services provided to the population. The first one concerns home cares services. The research will not only identify the actual clientele and services provided, but also suggest information tools for a better management of these services.

The other one deals more specifically with our population's mental health. Once again, we intend to get a clear outline of the clientele and of the services themselves.

Both researches will actually be used to set our priorities as regards our global interventions and the services offered. They should provide the information required to elaborate general policies and master plans for both specific clienteles.

The Research Service continued its collaboration with the Northern Quebec Module and so has been kept informed of the community health researches done by the N.Q.M.

1988-1989

While it will continue to supervise the researches done on our population and/or clientele, our service will direct its action during the next year towards the following activities:

- To elaborate policies on research funds and the communication of conclusions of researches done in the North.
- In collaboration with the Northern Quebec Module and with the active participation of the CBHSSJB's personnel, to establish and foster the activity of a table on community health research and programming. The table should become an essential tool for the effective triennial programming in those fields.
- To get specific research funds for a better knowledge and evaluation of our clientele and services at the psycho-social and social levels (problems and social services).

COMMUNICATION SERVICE

The CBHSSJB's Communication Service is the corner stone which determines the quantity and the quality of information either at the internal or the external level. Its strategic importance in our Establishment is shown by the tremendous efforts and results of 1987-1988 year. In a short period, it has achieved a whole range of activities and results our population and employees will soon benefit from.

POLICIES AND PROCEDURES

- Policy on the format of the annual activity report to be presented to the population.
- Policy and procedures on translation requests.
- Policy on the standardized presentation of the annual activity report.
- Policy on internal communications at the CBHSSJB.

INFORMATION AND COMMUNICATION

The position of Communications Officer which was filled in February 1987 basically provides two types of services to the establishment: 1) routine duties; and, 2) consultant/resource services to people within the organization and to outside support institutions who request it.

This being a new post, most of the preliminary work involved discovering what already existed in the way of communication services and materials within the Cree Health Board; ascertaining the communication needs of the organization; and prioritizing present and future projects.

What was apparent at the outset was that there was no up-to-date and comprehensive information package available for our client population which would inform them about the Cree Health Board and the services or programs it provides. Primary focus has been placed on producing parts of this package and it will continue to be an important activity in the near future.

The stock of audio-visual material produced elsewhere was found to be inadequate and disorganized. Lack of financial resources explains the incomplete a-v stock and a shortage of physical space prevents us from having a central library to provide access to all of the available material for our employees, clients and other interested parties.

Routine Duties

One of the routine duties of the Communications Officer includes the production of the information bulletin "Aispich Chakwan". During the past year, four (4) regular issues were produced as well as one (1) special issue on Mother/Child Health. Effort was put into trying to acquire a desktop publishing system for the production of this bulletin as well as other written audio-visual material which the Cree Health Board has to prepare. At this time, however, financial resources restrict our ability to have such a system.

Another routine activity is the maintenance of the Documentation Centre. In the autumn of 1987, the Module du Nord Québecois sent their Documentation Centre Librarian to help us with our Centre. Prior to this visit, an inventory of all documents in the centre was completed. During the consultation with the professional librarian, existing documents were reviewed and outdated material was discarded to make room for more pertinent documents. It is apparent that the Cree Health Board Documentation Centre is underused and understocked but in order to make it fully functional, it is felt that it should be handled by someone who is trained in library science.

A third routine task involves the production of the summarized version of the annual report for the communities. During the past fiscal year, the format of this version was revised and standardized. This format will be followed in future reports.

Other regular duties involve the answering of requests for information coming from within and also from outside the organization. In dealing with requests from the outside (individuals and corporations), public relations work is essential. One of the important public relations events in which the Communications Officer participated was at the Cree Self-Government Conference held in Ottawa last spring.

Consulting/Resource Services

Health promotion is one of the key activities in the area of consultant/resource services. This has involved being in close contact with people outside the organization, e.g. the Local Health Committees and the Module du Nord.

Several requests which originated from the Cree Health Board and the Module du Nord were handled. The Bush Kit, Mercury, Dental Hygiene, STD Prevention and Nutrition programs received consulting advice in the production of various audio-visual material. Consultation was also given in other matters such as advertising (job openings) and journalistic reports in mainstream publications and local and regional community radio stations.

One of the main projects worked on this year was a recruitment video for health professionals. This was produced in conjunction with professional film-makers and will be part of the overall information package of the Cree Health Board. Two versions - French and English - were produced together, each thirty minutes in length.

By far, the largest project embarked upon was the creation of an orientation book for new health professionals working in Region 10B. The overall goal of this book is to facilitate the newcomers' adaptation to living and working in this region. This work was done in collaboration with Dr. Gordon Magonet from the Module du Nord office. The book, which will be published in the summer of 1988, will be the cornerstone of all subsequent audio-visual material which publicizes the Cree Health Board. The role of the Communications Officer in this production was that of writing the sections informing the new employees about Cree people and part of their history.

In summary, the main endeavours of the Communications Officer during the past fiscal year involved getting acquainted with and developing this post; initiating new projects (recruitment video and orientation book); as well as collaborating on ongoing and new work which the Cree Health Board has undertaken in its effort to improve the health status of its client population.

TRANSLATION

The following table gives you an idea of the work done by the Translation Service for its various customers. Next year should be at least as productive.

PRODUCTION OF THE TRANSLATION SERVICE *

From May 1st, 1987 to March 31st,1988 **

REQUESTING DEPARTMENT	NUMBER OF PAGES	%
Community Health Coordination	360	27,1
P.P.R.C.G.S. Services	268	20,3
Nutrition Programme	116	8,8
Human Resources	111	8,3
Mercury Programme	102	7,7
LCSC - Coastal	75	5,7
General Manager	68	5,1
Pharmacy	50	3,8
Administrative Services	47	3,5
Dentistry	44	3,3
Social Services	32	2,3
Dental Hygiene (Mistissini)	29	2,1
Information Services	5	0,4
Auxiliary Services	5	0,4
Band Council	5	0,4
Purchasing	4	0,3
Direction of Regional Hospital	3	0,2
Archives	3	0,2
Finance	2	0,1
Total	1324	100%

* Documents sent to freelance translators not included.

** Accurate statistics where introduced on May 1st, 1987.

1988-1989

The next year will be mainly used to produce information tools like:

- a newspaper for employees;
- folders on services offered to the population;
- an operational Documentation Centre with an updated index;
- a greater autonomy in our production of documents with the use of Desk Top Publishing;
- a policy and procedures on the use of the Documentation Centre;
- a policy and procedures on the use of the Cree Board's audiovisual material.

GENERAL SECRETARIAT SERVICE

1988-1989 was mainly used to establish a standardized system for the presentation of all Cree Board's policies and procedures. This was in line with the objectives set in this respect in 1986-1987 annual report. The standardization effort (several hundreds of policies and procedures) will lead in 1988-1989 to the conclusion of this project, taking specially into account the restructuring of the Cree Board.

A second important file was the overhaul of By-Law n° 7 which became By-Law n° 8. Our goal was to update this important piece of regulation according to the changes brought to the Act respecting health services and social services (S-5), taking into account the new decrees and rules set since By-Law n° 7 was enforced.

1988-1989 will be used to produce the following:

- Production of an handbook of the Cree Board's policies and procedures, and of the Board of Directors most important resolutions.
- Policy on the Cree Board's archives.
- Policy on the access to information.
- Elaboration and implementation of a documents management system.

ADMINISTRATIVE SERVICES' ACTIVITY REPORT

ADMINISTRATIVE SERVICES

Even though the Cree Board of Health and Social Services of James Bay went, in 1987-88, through a major operation, namely the implementation of a new organizational plan, the past year has been, for the Administrative Services, one of consolidation.

The objectives set forth a few years ago in the triennial program are still pertinent, many have been reached within the projected deadlines, and most of them will be reached before the end of the period.

Nativization of the C.B.H.S.S.J.B. continues to be a major preoccupation for the Administrative Services; resources and efforts are, on a permanent basis, put into activities which bring us closer to that objectives; we still strongly believe that our efforts in that direction constitutes the best investment for our establishment, and the population it serves.

I would like, as closing remarks, to thank Mrs. Marie-Andrée Bourdeau, Director of the Human Resources Department, Mr. L. George Pachanos, Director of Auxiliary Services, and Mr. Lawrence Potter, Director of the Finance Department, for their dedication, their patience and their team spirit. Without them, 1987-88 would have been, for the C.B.H.S.S.J.B., a lot more chaotic.

Richard Vézina
Assistant General Manager -
Administrative Services
June 1988

The past year could be considered in a way as a turning point year for the management of human resources. Different policies and procedures in effect have been consolidated and, after many months of implementation, have been adapted to the needs.

Higher stability amongst C.H.B.'s personnel is a major factor which has contributed in supporting our efforts towards a better delivery of services. However, the datas on turnover rate gathered up to the 1st of April 1988 could not be considered solely as a success in decreasing the departure rate (amongst non-residents namely); in fact, since the beginning of the year 88-89, we can perceive the evidence of a high turnover rate again, which brings us to a reality of a peak every two years (84-86-88). We will analyze the data further and the consequent challenge. But, before, let's see the realizations.

Training

A newly created Human Resources Department training position was filled in March 1987. This section overviews the training activities arising from this department; a description of service-related training activities can be found under individual services's reports.

Generally speaking, the training position implies coordination and professional support of an organizational training function: much time was spent developing a board-wide training policy and defining a realistic job description for the training coordinator/officer/technician.

The spring and summer of 1987 were devoted to data collection and the writing of a board-wide training plan and funding proposal. It is an understatement to say that the CBHSSJB's training needs are enormous: $10 millions over five years to put us on a footing equal to other health and social services establishments in Quebec. The training proposal was submitted to the MSSS in January 1988; we are still waiting for a response.

A significant amount of time was devoted to the resurrection of a CEGEP R.N. Nursing Program for Cree students, which was promised by the CEGEP to start on-site in Chisasibi in January 1988. After 13 students graduated from Adult Upgrading in preparation for the program, it was found that the CEGEP had for different reasons lost their funding. At the time of writing, a new proposal is being written. The students are waiting, and it is hoped that the MEQ & CEGEP will live up to their promises.

In the interim, the CBHSSJB is serving as coordinator of a $228,000 Employment & Immigration Canada Job Strategy Pre-Nursing Program, designed to provide further upgrading & French immersion.

A $53,000 proposal was developed and accepted by the Native Health Career Awareness Program of Health & Welfare Canada for the promotion of health related careers amongst Cree students. This program will further the CBHSSJB priority of Cree staffing.

Other activities were: securing of Commission de Formation Professionnelle funding ($11,000) for a Chauffeur (classe 13) course; the provision of two Native Health Career Role Model speakers to the students of Chisasibi; application and receipt of funding ($6,183) from the Commission de Formation Professionnelle for an RCR course; applications to the Comité Provincial de Formation for a French immersion program, to the MSSS for two workshops and to EIC for a summer student program. Also, various sessions corresponding to urgent needs were planned, organized and supervised. A few individual consultations took place, leading to the design of a proposal of a realistic career plan for these employees.

In summary, over the past year, basic organizational structuring work has begun for the training function and specific files have been directly managed.

Orientation

During the past year, a formal New Employee Orientation Policy was put into effect. The Human Resources Department plays a role in meeting new employees and orienting them to the CBHSSJB and James Bay as a living and working conditions environment. Individual managers then spend varying amounts of time orienting their new employees to the work team and environment.

It is expected that this program will serve to make the new employees transition to their new job and milieu less stressful.

Recruiting and selection

We have had the opportunity on different occasions to involve the communities (Band Offices and Health Committees) through their presence on selection committees. We consider this positive action as an improved means of integration for the new employee and a tool to improve the relationship between the milieu and the new employee; and most importantly, an implementation of Cree control over our services.

A specialized approach in the field of recruitment of the nurses was necessary considering the actual crisis in this labour force. Publicity at various levels was increased and a new position was created: recruiting officer (nurse) based in Montreal. This way of functioning shall lower the pressure in Human Resources Department and accelerate the time of response for the concerned services (2 LCSC & Hospital). A video tape was prepared and it is now available for viewing by new candidates, along with information documents.

The following data demonstrate the number and the variety of activities encountered under the chapter of recruiting and selection in the year 87-88:

- 47 permanent positions were posted
- 23 announcements for vacant positions were prepared and published at a cost of $29,198.85
- 3500 resumes of candidates were received, analyzed and treated
- 144 employees have been hired (all status and categories).

Labour relations

A local negotiation committee was formed and contributed to the improvement of relationships between the parties. Many grievances were settled on various bases but still, some grievances remain unsolved and must be deferred at a regional or provincial level because of their impacts.

At the regional level, we increased our presence at different tables. Sharing our concerns and experiences as norther establishments could lead undoubtly to a well adapted collective agreement and consequently to better working conditions and easier way to managing them.

General highlights

The taxation of northern benefits (lodging & outings) for non-residents has been file dealt and fought with energy at various levels. Our concerns in that file being the attraction and retention of qualified manpower, we strongly believe that other incitative measures must be installed in order to compensate for this taxation which increase the taxable income for an average of $2,500 per year for a non-resident and which constitutes a regression in working conditions of this category of personnel.

Finally, in November 87, Human Resources Department moved to a more adequate and functional office in terms of space and equipment. Located in a trailer at the back of the hospital, our department now has a better access to various facilities.

The reorganization of the CBHSSJB structures which took place in 1987 has also been a major operation for our department. We have been involved in up-dating the files of the concerned employees and giving advice to managers regarding this change.

Under the chapter of practical working conditions, besides general files as salaries and fringe benefits, the lodging for Chisasibi employees kept us quite busy, along with the moving and transportation of their personal effects, the allocation of lodging units according to the policy, the reservations of transit apartments (mainly for visitors and new employees) and we also went through various demands of repairs and renovations in lodging units.

Summary

Our first objective being to attract and retain qualified employees, it is obvious that our efforts will concentrate in the improvement of working conditions and also the implementation of our training plan, through the acquisition of financial resources.

These two levels of actions are not paradoxical. They are parallel, have both long term goals and must be conciliable. By increasing the number of qualified resident employees, we shall decrease consequently the recruitment of non-residents and with it, all the costs incurred by this category of manpower and its high turnover rate. The challenge is there.

C.B.H.S.S.J.B.
NATIVIZATON RATES
86-87-88

CATEGORIES	Positions held by residents		
	03-31-86	03-31-87	03-31-88
Managers	5	5	6
Professionals	0	1	1
Nursing	3*	0	1
Clin. non prof.	34**	25	28
Non clinical	62	84	93
Total	104	115	129

* This category included auxiliary-nurses who since '87 were integrated in the clinical non-professional category.

** This category included housekeepers who since '87 were integrated in the non-clinical category

N.B. We again note however that the resident manpower is still holding the great majority of non-professional and non-clinical positions which emphasis the importance of training.

C.B.H.S.S.J.B.
TURNOVER RATES
EMPLOYEES' CATEGORIES - RESIDENTS VS. NON-RESIDENTS
04-01-87 TO 03-31-88

Employees' Categories	number of positions			number of departures			turnover rates		
	Residents	non-res.	total	resident	non-res.	total	resident	non-res.	total
1)Managers	6	20	26	-	6	6	-	33%	27%
2)Profession.	1	11	12	-	1	1	-	9%	8%
3)Nurs.Hosp.	-	17	17	-	5	5	-	29.4%	29.4%
4)Nurs.Clin.	1	17	18	-	5	5	-	29.4%	27.8%
5)Nurs.Total	1	34	35	-	10	10	-	29.4%	28.6%
6)Clin.n.Prof	28	1	29	-	-	-	-	-	-
7)Non Clinic	93	7	100	1	4	5	1%	57%	5%
TOTAL	129	73	202	1	21	22	.08%	28.8%	10.9%
RATE	63.9%	36.1%	100						

TURNOVER RATE NURSING
86-87-88

PERIODS	Number of positions			Departures			Turnover rate		
	Hospital	Clinics	Total	Hospital	Clinics	Total	Hospital	Clinics	Total
85-86	17	18	35	6	12	18	35.3%	68.7%	61.5%
86-87	17	18	35	13	11	24	76.4%	66.1%	68.5%
87-88	17	18	35	5	5	10	29.4%	27.8%	28.6%

N.B. We considered only departures of permanent employees. However, even if not comptabilized, the following data have their importance:

- 32 temporary & occasionnals nurses were hired, mainly to ensure the replacements (annual vacations, maternity leaves and various leaves of absences);
- 11 employees of this category left during this period;
- 26 employees of this category do still have an active file on March 31st 1988.

Considering the still high turnover in the nursing and our major concern about nativization, we have detailed hereafter the compared data on a three years period in these fields.

CATEGORIES	85-86	86-87	87-88
Nursing staff Chisasibi	35.0%	76.4%	29.4%
Nursing staff other communities	68.7%	61.1%	27.1%
Managerial personnel	23.0%	27.9%	27.0%
Non-resident personnel (all categories)	41.0%	48.6%	28.8%

AUXILIARY SERVICES

SYNOPSIS:

Following the adoption of the new organizational chart of October ('87), the service took on a new role within the establishment. Most of the first year of the new development called upon the services with operation by extending or re-arranging the existing facilities. However, the service did get to reorganizing its different departments to facilitate the new plan. It is the objective of this report to highlight these activities of the department.

MAINTENANCE AND REPAIRS:

Last summer's activities in Chisasibi included exterior painting, renovating and repair of the residential buildings. Over the winter it became necessary to extend the trailer being occupied by the Human Resources Department and finishing of one basement to extend the transit facilities.

The laboratory at the hospital in Chisasibi is being considered and plans have been approved to expand it.

The organization plan brought into service several new positions and consequently has effected the availability of office space. In planning stage is the re-arrangement of the external clinic area and/or to add on to the present space. With the present area for movement in the clinic. The evaluation process in the usage of the space available is in process and the resolution of this subject is expected in the near future.

COMMUNICATIONS & SECURITY:

In February (1988), the installation of new telephone system was completed by Telebec. The new Meridian SL-1ST system has many features which were not available on the older system. However, the main reason for the change was that the older system was congested and nearing its maximum capacity. This present system provides for future expansion as well a vast improvement.

Mistissini is equipped with the same system, they also were destined for expansion of the system which was placed some time ago.

At time of this report, efforts are about to be completed in providing radio communications in the vehicles. This will provide communications links between the vehicles leaving Chisasibi, Mistissini and Waswanipi. After some lengthy procedures and discussions the systems are finally going to be put into actual practice.

This will provide contact link between the vehicles and their home base for these communities. The systems were essential because of isolation and also the lack of traffic on the roads which the vehicles need to travel. All three systems should be in place by mid-summer.

RESERVATION SERVICES:

The services expected to take on a new outlook in the new fiscal year. Plans to add to the services several new duties and possibly requiring new human resources are part of the anticipated. Over the past year the service have been very busy in making sure all those travelling got to their destinations.

PATIENT SERVICES - VAL D'OR:

In the last report it was mentioned that an increase in the office was anticipated, it is pleasing to mention that this has being achieved. The total committed area now is at two thousand-two hundred (2,200) square feet. The increase can accommodate the staff into a more spacious environment and certainly alleviate the problem of crowdiness.

The following are some of the statistics that are kept at services and reflect not only the health of the beneficiaries but also what the service needs to provide throughout the course of one year.

	1987-88	1986-87
Arrivals:	2 518	2 293
Daily average of beneficiaries staying in Val d'Or:	28.9	29.2

From April 1st to March 31st, there were 99 "new arrivals" delivered in Val d'Or with fifty (50) of them being girls.

The service also received six hundred ninety three escorts with the patients either elderly, handicapped or children.

FINANCE DEPARTMENT

Similarly to recent years, the Finance Department in 1987-88 has to cope with increases in the overall operating budget of the Cree Board of Health. Authorized operating costs have attained 15.2 million dollars, an increase of 14.5% over the previous year and of 31.7% over the last two years.

The addition of the mercury program, ambulance services in the inland communities, important adjustments in the patient transportation and non-covered services budget and the signing of the collective agreement account for a good part of these budget adjustments. The impact on the volume of activities being of almost proportionate increases was offset by the addition of an accounting clerk.

Further impact on the services provided by the Finance Department came from the restructuring of the Cree Board of Health Organization Plan. Although the budget structure changes did not come into effect until April 1, 1988, 1987-88 became the transition period relating to the redefinition of cost centers and budget allocations corresponding to the new organization plan.

1987-88 did not go without its almost usual turnover in personnel. Personnel changes, combined with job attribution changes because of certain departures resulted in that the assistant directors of finance's position was vacant at the end of March 1988 and that the Chief of Purchasing was permanently filled in October 1987. Senior accounting clerks positions were also affected in that one of these positions had to be replaced by two temporary replacements for most of the year and the second senior clerk's position replaced temporarily until it became permanently attributed through new duty assignments.

Of the goals set for the Finance Department for 1987-88, some headway was made. With the assistance of the Samson Belair accounting firm, the procedures manual for the department and the job descriptions of its staff were rewritten but remained to be implemented at the year's end. The capital expenditures grant register which had been ambiguous up to March 1987 was sorted out and made into a practical working document in midyear; unfortunately personnel changes became a drawback and this effort remains to be put back on track. The computerization file of the Finance Department also made some progress in that the computerization of the purchase and inventory control system was set up to be operational for the start of the 1988-89 financial period. Concerned staff in the accounting and purchasing sections had working sessions with an IST-SANTE consultant in the latter part of the year for this transition.

This past year was also marked by the intent to have a more active adult committee involvement which translated so far in three committee meetings compared to the usual annual meeting of previous years. The results of continued implication by the committee should be in the course of the coming year help define more consistent divulging of financial and budgetary data intended for the Board and Management.

As we are heading into the last year of the Triennial Programming, the Finance Department expects to activate most of the activities required to meet the objectives initially set and that still remain in order to implement concrete improvement in areas where deficiencies were identified.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

OPERATING FUND
REVENUES AND EXPENSES
FOR THE YEAR ENDING ON MARCH 31, 1988

	1987-1988	1986-1987
REVENUES		
Grant from M.H.S.S.	$14 402 433	$13 221 085
Patients contribution	40 997	39 969
Activity Centres recoveries	53 358	69 055
Other revenues	1 047 755	952 603
TOTAL	$15 544 543	$14 282 712
EXPENSES		
Salaries	$ 6 745 794	$ 5 498 186
Fringe Benefits	1 903 532	1 491 306
Other Expenses	7 528 397	7 026 058
TOTAL	$16 177 723	$14 015 550
SURPLUS (DEFICIT)	$ (633 180)	$ 267 162

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

OPERATING FUND
BALANCE SHEET
AS AT MARCH 31, 1988

	1987-88	1986-87
ASSETS		
CURRENT ASSETS		
Cash	$ 871 763	$ 11 312
Deposits	---	400 000
Accounts Receivable		
- M.H.S.S.	582 952	2 336 080
- Other	200 040	132 053
Prepaid expenses and inventory	501 904	423 093
TOTAL	$ 2 156 659	$ 3 302 538
LIABILITIES		
Bank Overdrafts	$	$ 549 850
Accounts Payable and accrued liabilities	2 082 434	2 148 417
Due to capital fund	0	106 788
Due to other funds	42 507	77 695
Other	27 656	27 656
TOTAL	$ 2 152 597	$ 2 910 406
BALANCE OF FUND (DEFICIT)	$ 4 062	$ 392 132
TOTAL	$ 2 156 659	$ 3 302 538

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

CAPITAL FUND
BALANCE SHEET
AS AT MARCH 31, 1988

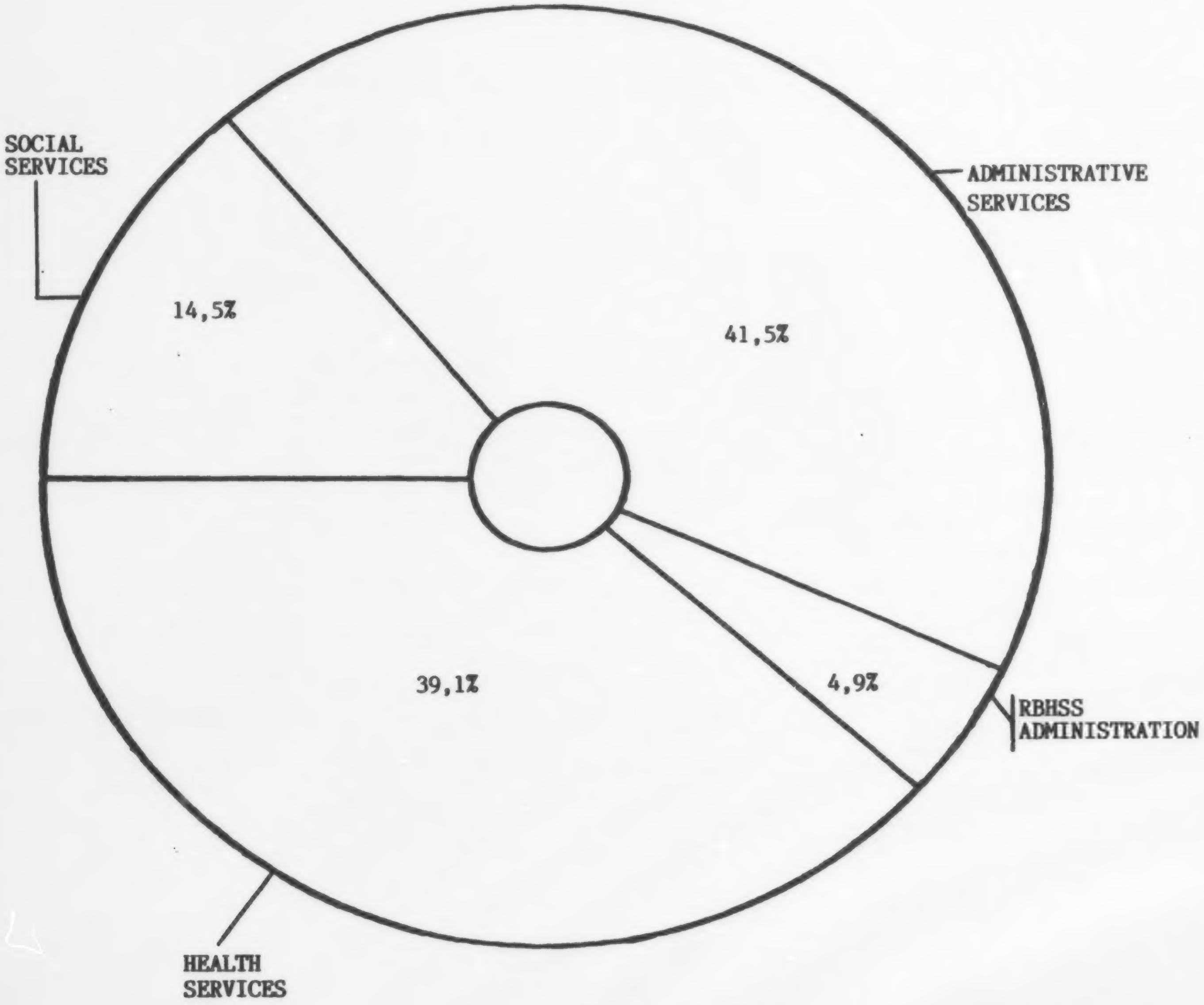
	1987-88	1986-87
ASSETS		
CURRENT ASSETS		
Due from operating fund	$ 0	$ 106 788
Accounts receivable	377 190	377 190
Total of current assets	$ 377 190	$ 483 978
LONG TERM ASSETS		
Buildings, leasehold improvement	660 888	659 388
Equipment, Vehicles	2 182 465	1 838 918
Deposit on assets	942 096	942 096
Total of long term assets	$ 3 785 449	$ 3 440 402
TOTAL	$ 4 162 639	$ 3 924 380
LIABILITIES		
Accounts Payable	$ 20 573	$ 20 573
Due to Other Funds	238 259	
TOTAL	258 832	20 573
BALANCE OF FUND	$ 3 903 807	$ 3 903 807
TOTAL	$ 4 162 639	$ 3 924 380

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1987-88

BY ACTIVITY SECTOR

TOTAL: $16,113,913

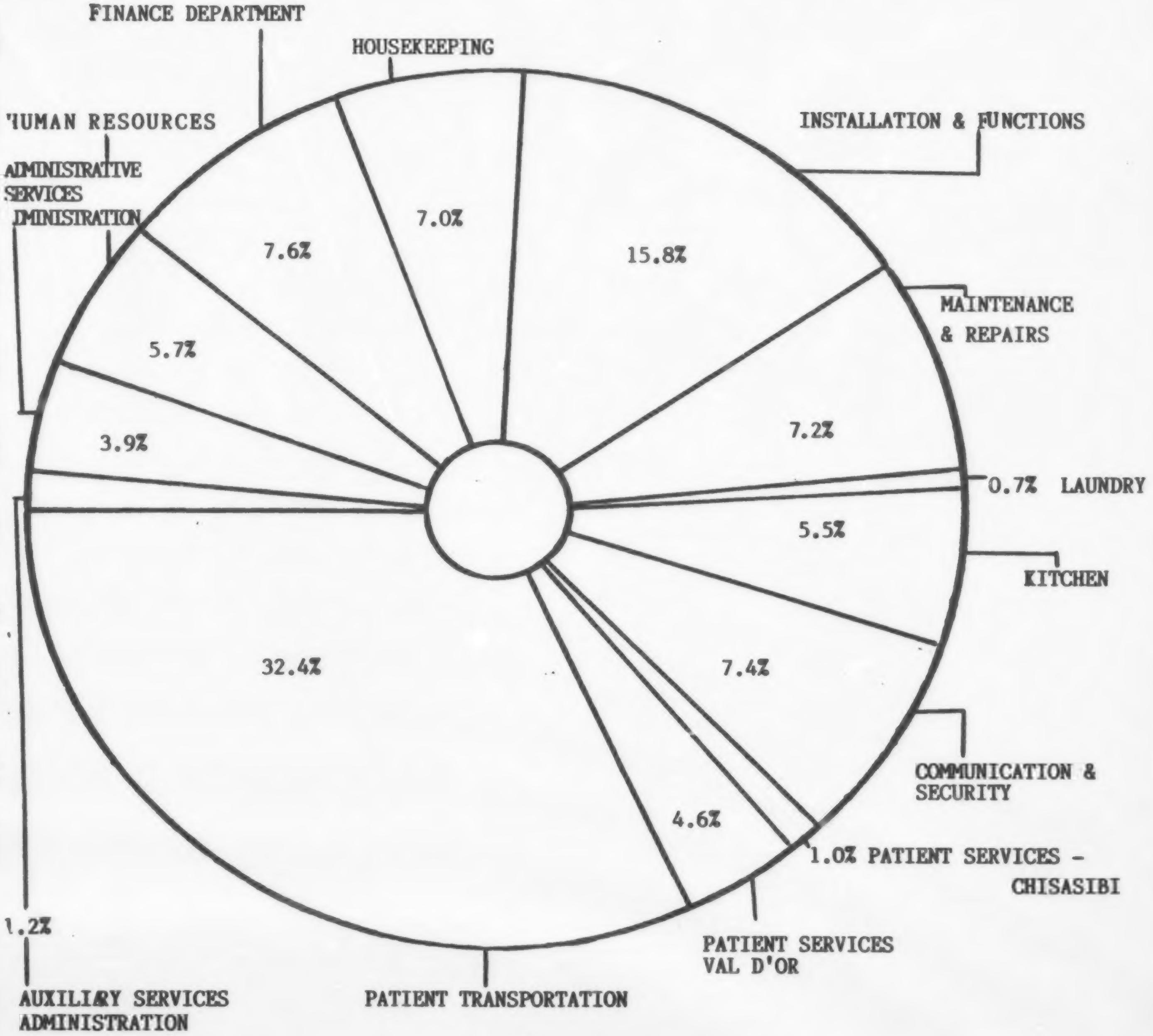


CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1987-88

ADMINISTRATIVE SERVICES

TOTAL: $6,584,035

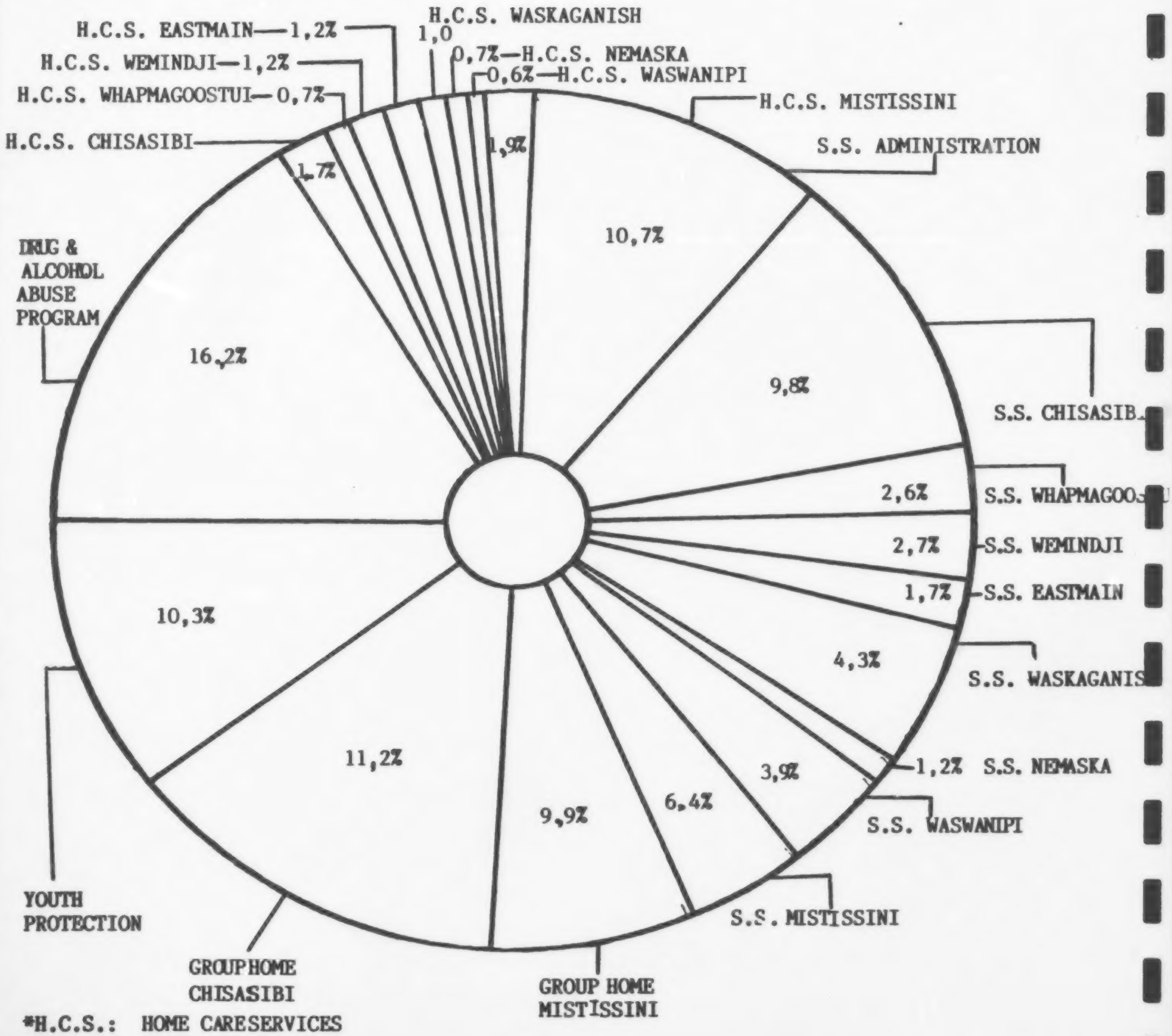


CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1987-88

SOCIAL SERVICES

TOTAL: $2,339,731



*H.C.S.: HOME CARESERVICES
S.S.: SOCIAL SERVICES

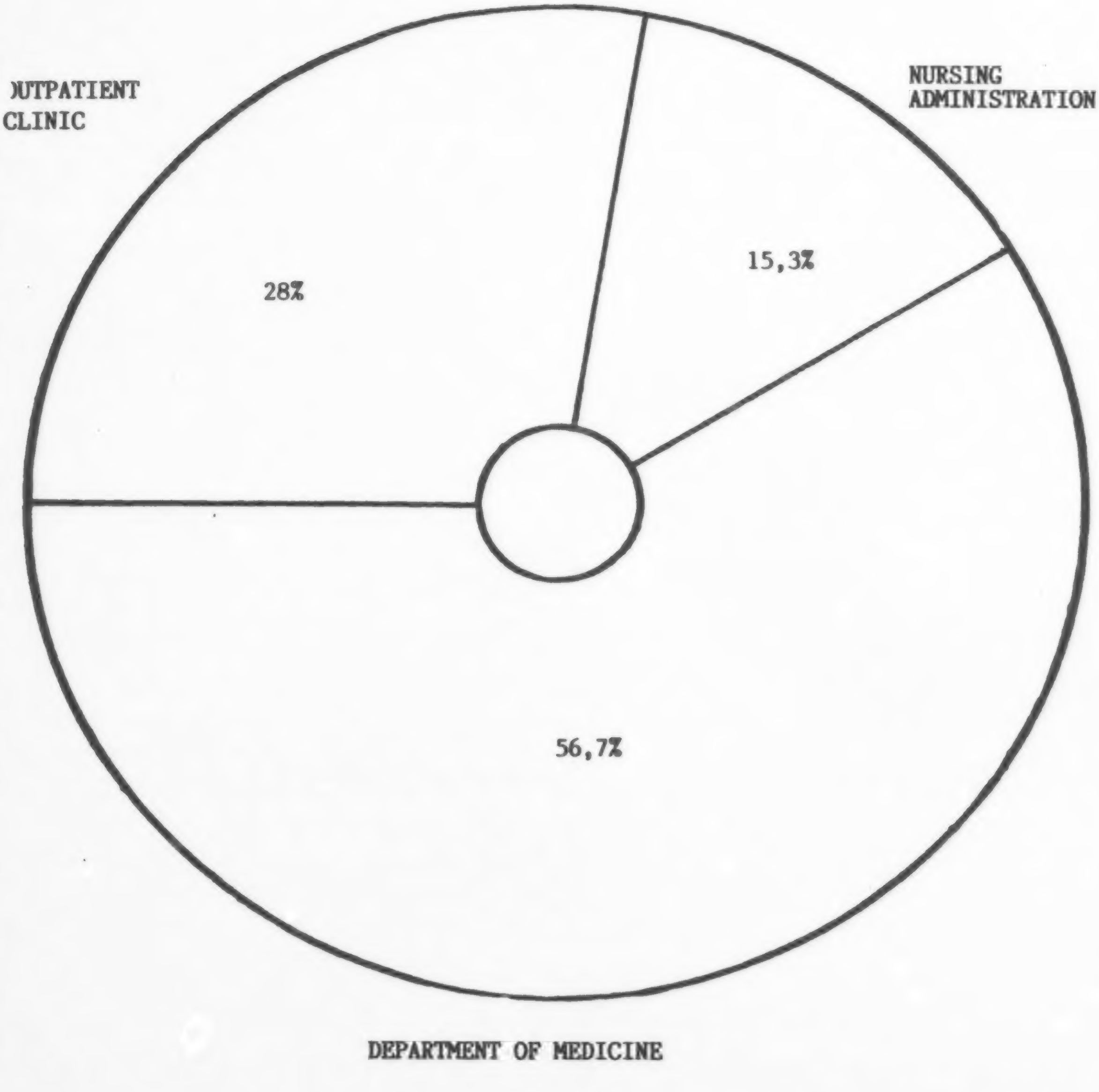
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1987-88

HEALTH SERVICES

NURSING DEPARTMENT

TOTAL: $1,399,278



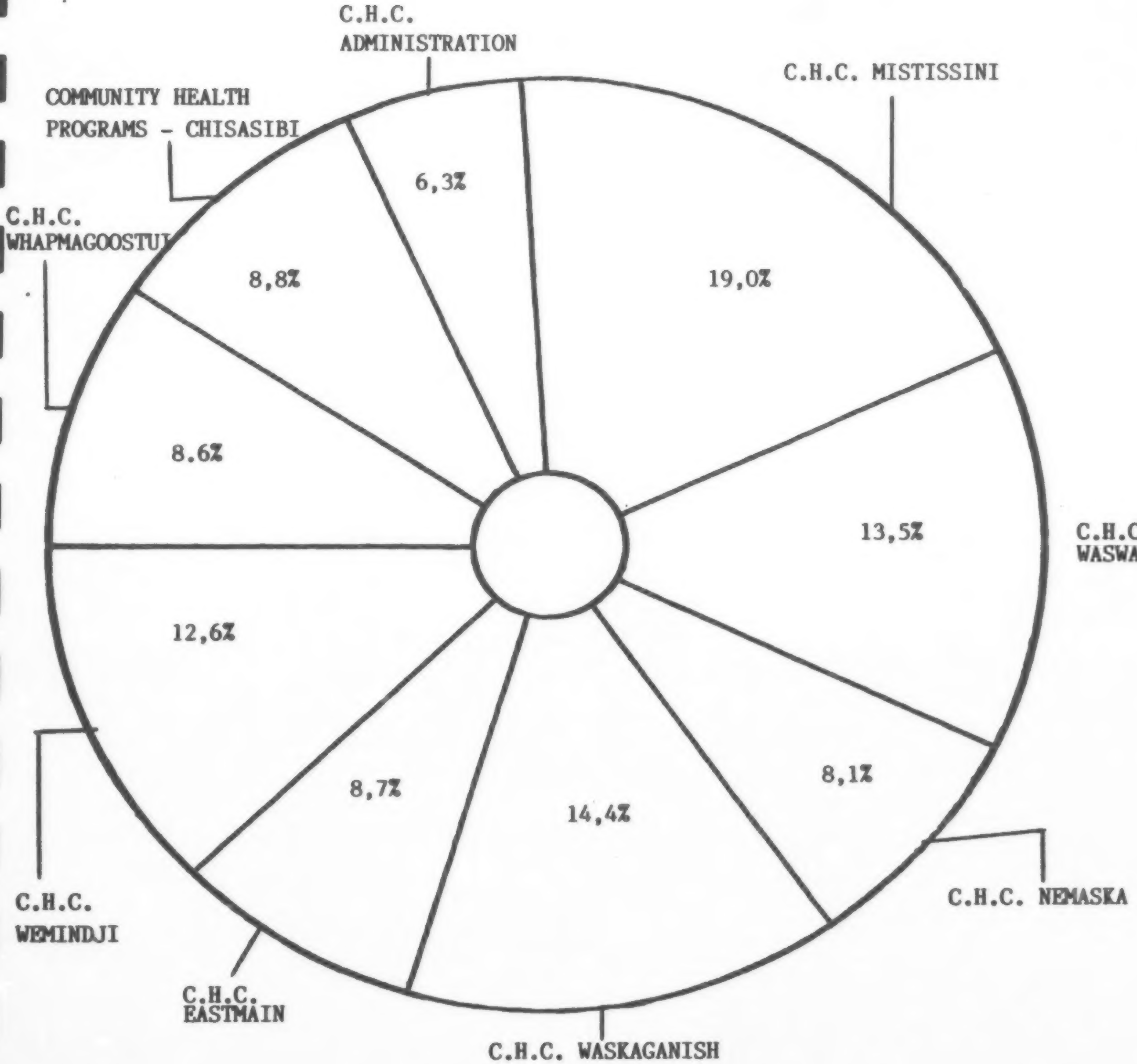
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1987-88

HEALTH SERVICES

COMMUNITY HEALTH CLINICS AND COMMUNITY HEALTH PROGRAMS

TOTAL: $3,250,428



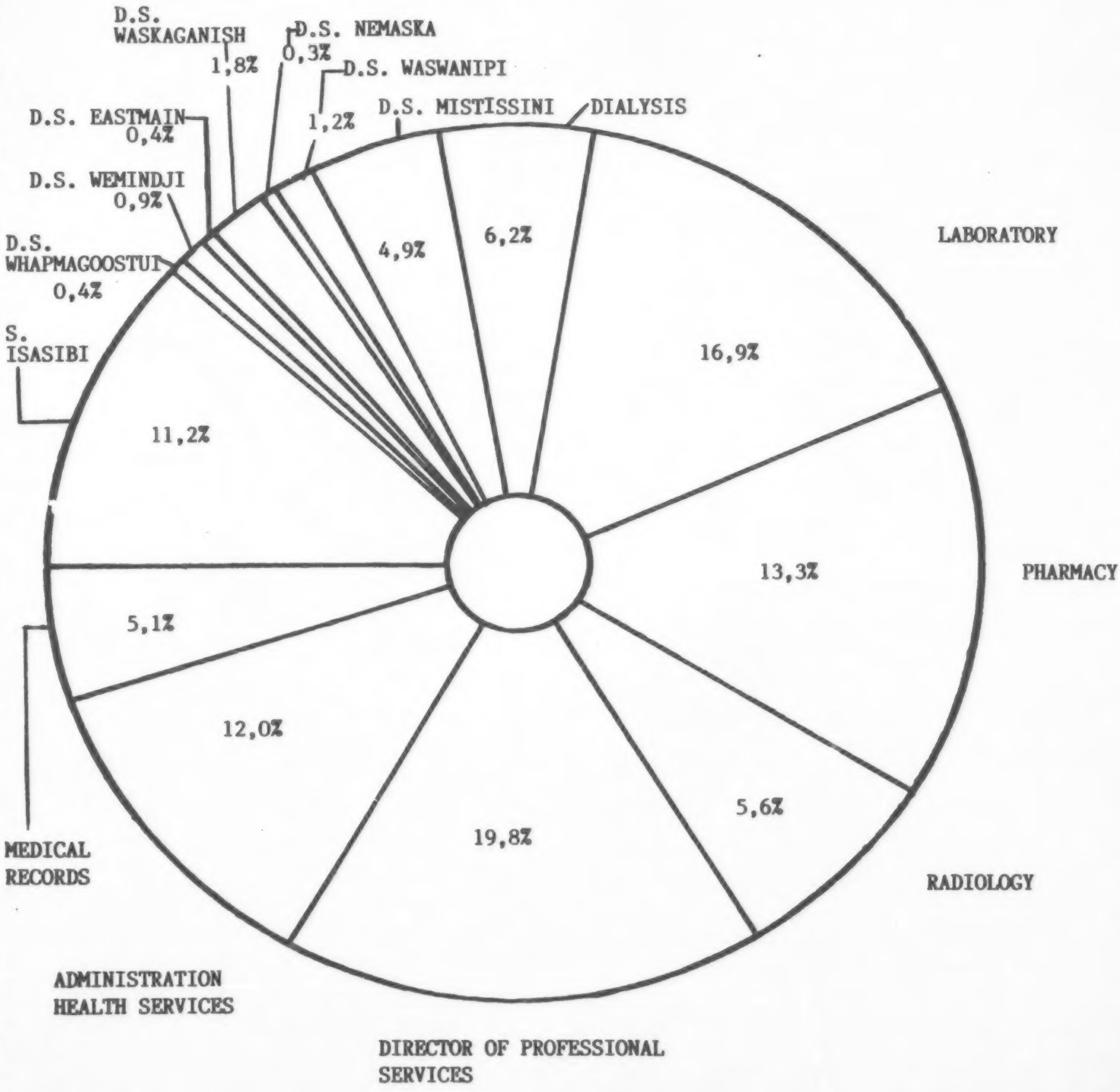
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1987-88

HEALTH SERVICES

PROFESSIONAL SERVICES

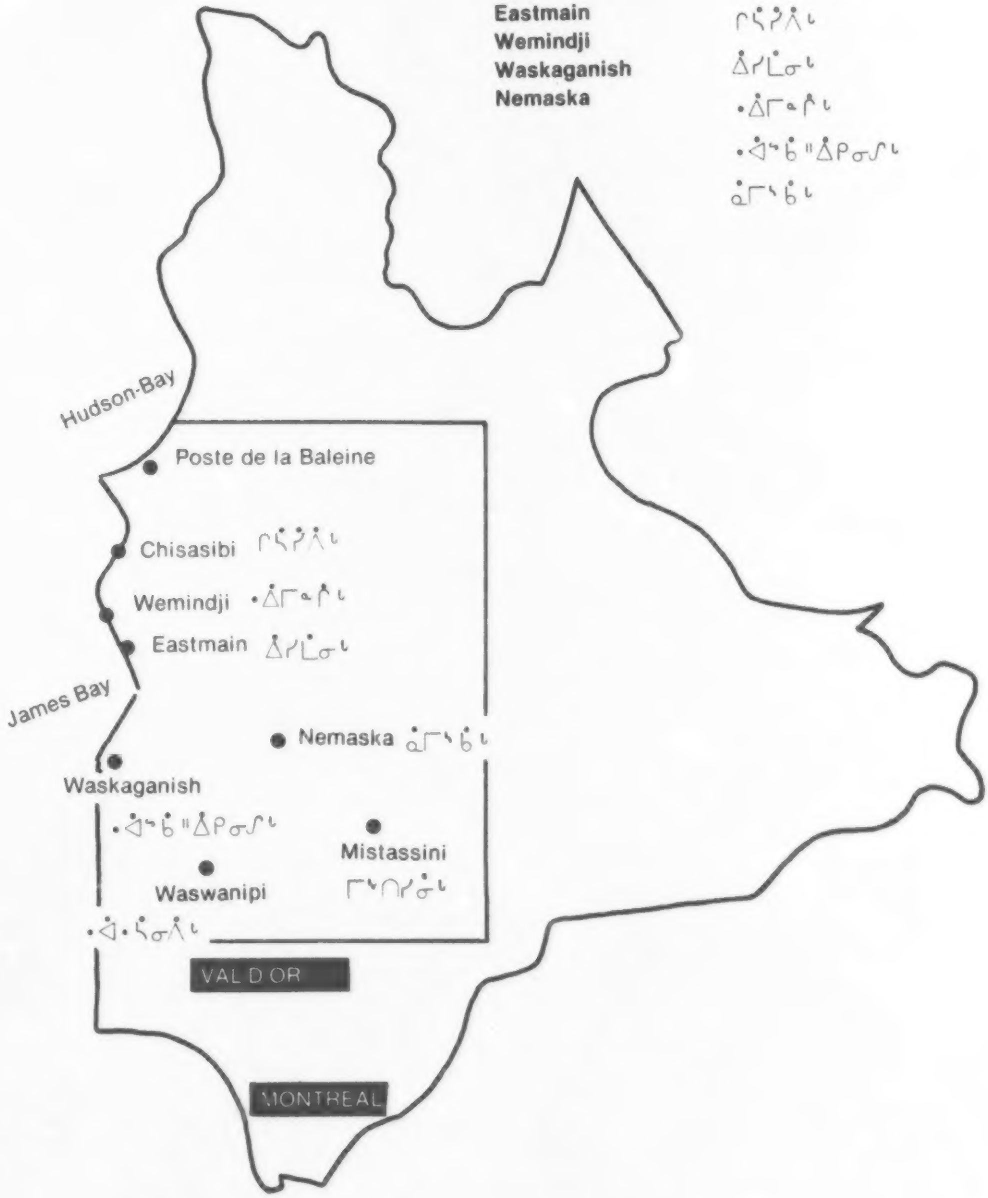
TOTAL: $1,651,249



The eight (8) communities served by the Cree Board of Health and Social Services of James Bay are:

Les huit (8) communautés desservies par le Conseil Cri de la santé et des services sociaux de la Baie James sont:

Mistassini	ᒥᔅᑎᓯᓃᐦ
Waswanipi	ᐧᐋᐧᓵᓂᐲᐦ
Great Whale	ᐧᐋᐱᒫᑯᔥᑐᐦ
Chisasibi	ᒋᓵᓰᐲᐦ
Eastmain	ᐄᓯᒫᓂᐦ
Wemindji	ᐧᐄᒥᓐᔩᐦ
Waskaganish	ᐧᐋᔅᑳᐦᐄᑭᓂᔑᐦ
Nemaska	ᓈᒥᔅᑳᐦ


Hudson-Bay
Poste de la Baleine
Chisasibi ᒋᓵᓰᐲᐦ
Wemindji ᐧᐄᒥᓐᔩᐦ
Eastmain ᐄᓯᒫᓂᐦ
James Bay
Nemaska ᓈᒥᔅᑳᐦ
Waskaganish
ᐧᐋᔅᑳᐦᐄᑭᓂᔑᐦ
Mistassini
Waswanipi
ᒥᔅᑎᓯᓃᐦ
ᐧᐋᐧᓵᓂᐲᐦ
VAL D OR
MONTREAL